

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017898

STATE FILE NUMBER 2147

FILED MAY 21 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas city mo</u>		c. CITY OR TOWN <u>Kansas city mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Walnut Nursing Home 3522 Walnut St</u>		d. STREET ADDRESS (If outside, give location) <u>3522 Walnut St</u>	
Length of stay in lb <u>4.5 yrs</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u>Wilson</u> Last <u>Patterson</u>			4. DATE OF DEATH Month <u>4</u> Day <u>29</u> Year <u>1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-12-1874</u>	9. AGE (In years last birthday) <u>84</u>		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Painting</u>		11. BIRTHPLACE (City and state or country) <u>Springfield, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown Patterson</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Betha Patterson</u>			

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>492-18-8869A</u>	17. INFORMANT <u>Patricia G. Inodgram 8131 Mc Lee St KC Mo</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Generalized Atherosclerosis heart disease</u>		
	DUE TO (c) <u>Senility</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4280</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour <u>3:15</u> Month, Day, Year <u>April 1959</u> a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from July 1958 to 1 April 59 and last saw him alive on 1 April 1959.  
Death occurred at 3:15 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree of title) <u>Wallace H. Graham M.D.</u>	22b. ADDRESS <u>618 Argyle Bldg. KC Mo</u>	22c. DATE SIGNED <u>29 April 59</u>
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23a. BURIAL, CREMATION, REMOVAL, ISLAND <u>Cremation</u>	23b. DATE <u>4-30-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Crematory</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas city mo</u>
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24. FUNERAL DIRECTOR <u>France-Wornall Funeral Home</u>	25. DATE RECD. BY LOCAL REG. <u>4-29-59</u>	26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>
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Wallace H. Graham USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Russell N. France*

Licensed Embalmer No. *4255*

P. O. Address *K.C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.