

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014587

LED VS. MAY 12 1960

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Primary Registration District No. 5289

Registrar's No. 81

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>CLAY</b>		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Gladstone</b>		a. STATE <b>MO</b>		b. COUNTY <b>CLAY</b>	
Length of stay in 1b <b>11 YRS</b>		c. CITY OR TOWN <b>Gladstone</b>		d. STREET ADDRESS (If outside, give location) <b>3207 E. 57<sup>th</sup> TERR</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3207 E. 57<sup>th</sup> TERR</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <b>JOANNA</b>		Middle <b>PATTERSON</b>		Last <b>SYMON</b>		Month <b>APRIL</b> Day <b>28</b> Year <b>1960</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-11-1869</b>	9. AGE (last birthday) <b>90</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home Maker</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Dumfermline Fife shire Scotland</b>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <b>David Patterson</b>		13b. MOTHER'S MAIDEN NAME <b>Annie Mc Donald</b>		14. NAME OF HUSBAND OR WIFE <b>William G Symon</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)   (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT Address <b>MRS J.Y. Hash 3207 E. 57<sup>th</sup> TERR</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)		<b>Aortic Stenosis</b>				<b>10 yrs</b>	
DUE TO (b)		<b>Rheumatic heart disease</b>				<b>10 yrs</b>	
DUE TO (c)		<b>infection</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m.		Month, Day, Year					
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 <b>February 1950</b> to <b>April 28, 1960</b> and last saw her being alive on <b>April 27, 1960</b>		Death occurred at <b>4:30 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Edward Fischer M.D.</b>				22b. ADDRESS <b>306 E 21<sup>st</sup> North Kansas City, Mo.</b>		22c. DATE SIGNED <b>4-30-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4-30-1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill Cem</b>		23d. LOCATION (City, town, or county) (State) <b>Brookfield, Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>D.W. Newsom Jones N.K.C.</b>				25. DATE RECD. BY LOCAL REG. <b>4-28-60</b>		26. REGISTRAR'S SIGNATURE <b>Alice Humphries, Dep.</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John V. F. Smith, Jr.

Licensed Embalmer No. 4184

P. O. Address H. 6. 17, 12

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.