

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021409

FILED JUL 5 1961 Primary Registration District No. 1002 Registrar's No. 3119 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Morgan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City,		Length of stay in 1b 2 days	c. CITY OR TOWN Versailles Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Jackey Middle Patterson Last Patterson	4. DATE OF DEATH Month June Day 19th Year 1961
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 3-3-37	9. AGE (last birthday) 24	IF UNDER 1 YEAR Months 24 Days 24 Hours 24 Min. 24
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor	10b. KIND OF BUSINESS OR INDUSTRY Tree Trimmer	11. BIRTHPLACE (City and state or country) Versailles Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME William H. Patterson	13b. MOTHER'S MAIDEN NAME Emma Green	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) **NO** (If "no," give date or range of service)

INFORMANT **Edwin H. Patterson, KCMO** Address **KCMO**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Fracture scalp & neck**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Paralyzed from waist neck down**

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Swung off tree into net
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. 6-16-61	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) River	20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE MO
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21. I attended the deceased from _____ to _____ and last saw her/he alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh W. Owens	22b. ADDRESS 152 Union Station	22c. DATE SIGNED 6-20-61
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23a. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE 6-22-61	23c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery	23d. LOCATION (City, town, or county) (State) Versailles MO
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24. FUNERAL DIRECTOR N. Legman & Louis ADDRESS KCMO	25. DATE RECD. BY LOCAL REG. 6-22-61	26. REGISTRAR'S SIGNATURE Ruth Long
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(Licensed Emballer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF H. Owens

AUG 8 1967

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 Walter R. Ellett

Licensed Embalmer No. 5018

P. O. Address 140 N

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.