

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-029622

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4344

STATE FILE NUMBER

AMENDED

FILED SEP 13 1961

| | | | | | | |
|--|---|---|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | Length of stay in lb 22 years | c. CITY OR TOWN KANSAS CITY | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 905 JEFFERSON STREET | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last PATRICIA ANN SHANAHAN | | | 4. DATE OF DEATH Month Day Year AUGUST 29 1961 | | | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 5/2/39 | 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 22 Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker | | 10b. KIND OF BUSINESS OR INDUSTRY Domestic | 11. BIRTHPLACE (City and state or country) Kansas City, Mo | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME George Russell Norton | | 13b. MOTHER'S MAIDEN NAME Oleta Pendergraft | | 14. NAME OF HUSBAND OR WIFE William Robert | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. --- | 17. INFORMANT Address 905 Jefferson William Robert Shanahan K.C. Mo | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Interstitial Pneumonia <i>Also no organisms as yet.</i> DUE TO (b) Peri Appendicinal Abscess, Subdiaphragmatic Abscess Left (Aerobacter Aerogenes) DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 days 7 Days | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pregnancy At Term 50 hr Down Labor. Adrenal Insufficiency | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 JAN, 1961 to Aug 29, 1961 and last saw her/him alive on Aug 29, 1961 Death occurred at 7:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE (Degree or title) Drury Russell Norton M.D. | | | 22b. ADDRESS 293 Ruzg Med. Bldg KC. Mo. | | 22c. DATE SIGNED Aug 30, 1961 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 8-31-61 | 23c. NAME OF CEMETERY OR CREMATORIUM Floral Hills Cem. | | 23d. LOCATION (City, town, or county) (State) Kansas City Missouri | | |
| 24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY, MO. | | ADDRESS 1331 BRUSH CR. | 25. DATE RECD. BY LOCAL REG. 8-31-61 | 26. REGISTRAR'S SIGNATURE Arthur Long | | |

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

FORM MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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 me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold G. Quinn

Licensed Embalmer No. 499

P. O. Address R.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.