

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023333 ✓
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3342

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

FILED JUL 16 1962		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		a. MISSOURI b. COUNTY JACKSON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		Length of stay in 1b 4846		c. CITY OR TOWN KANSAS CITY	
3. NAME OF DECEASED (Type or print)		First Ernest Middle Patrick Last Patrick		4. DATE OF DEATH June 18, 1962	
5. SEX Male		6. COLOR OR RACE Negro		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH 8-30-1873		9. AGE (last birthday) 88		IF UNDER 1 YEAR IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PORTER		10b. KIND OF BUSINESS OR INDUSTRY STORES		11. BIRTHPLACE (City and state or country) Kansas City, Ks.	
12. CITIZEN OF WHAT COUNTRY U.S.A		13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE -		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. NONE	
17. INFORMANT JACKSON COUNTY WELFARE		Address K.P., 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) Dehydration and aspiration pneumonia		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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
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 6:20 a.m. A Month, Day, Year 6-16-62 to 6-18-62		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 6-18-62		COUNTY Cherry		STATE Mo.	
21. I attended the deceased from 6:20 on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE  (Degree or title)		22b. ADDRESS 2400 Cherry	
22c. DATE SIGNED 6-18-62		23a. NAME OF CEMETERY OR CREMATORY LINCOLN		23b. DATE 6-26-62	
23c. LOCATION (City, town or county) KANSAS CITY, Mo.		23d. STATE Mo.		24. FUNERAL DIRECTOR BROWN-HUDSON, K.P., Mo.	
25. DATE RECD. BY LOCAL REG. 6-25-62		26. REGISTRAR'S SIGNATURE Ruth H. Long			

USE BLACK INK OR TYPEWRITER RIBBON

Frank Ellis, M.D. Certification

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

Millard B. Perkins

Licensed Embalmer No. 5013

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.