MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031232
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4173

FILED AUG 28 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	
2	3378
3	
4	3
5	2
6	
7	1
8	2
9	153.8
10	
11	
12	40-0
13	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City, — Length of stay in 1b: 41 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2645 Agnes — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City, — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2645 Agnes — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Mary — Middle: — Last: Patterson

4. DATE OF DEATH: Month: August — Day: 8, — Year: 1962

5. SEX: female
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7-6-92
9. AGE (last birthday): 70 — 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): housewife
10b. KIND OF BUSINESS OR INDUSTRY: ----------
11. BIRTHPLACE (City and state or country): Waco, Texas
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Oliver Hayes
13b. MOTHER'S MAIDEN NAME: Lucille Brown
14. NAME OF HUSBAND OR WIFE: Sandy Patterson

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 — Address: Sherman Steverson, 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): Carcinomatosis, generalized — INTERVAL BETWEEN ONSET AND DEATH: not known
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma of the colon — not known
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Malnutrition
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 June, 1962, to August 7, 1962 and last saw her/him alive on August 7, 1962
Death occurred at 3:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Curtis U. Franklin Jr., M.D.
22b. ADDRESS: 2701 E. 31st Street
22c. DATE SIGNED: 8/11/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-13-62
23c. NAME OF CEMETERY OR CREMATORY: Blue Ridge Lawn Cemet.
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Mrs. Meek's Mortuary, K. C. Mo.
25. DATE RECD. BY LOCAL REG.: 8-13.62
26. REGISTRAR'S SIGNATURE: Ruth Long

Curtis U. Franklin Jr. — LOCAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Eddie Middleton

Signature of Student Embalmer

Licensed Embalmer No. 5046

P. O. Address K.C., Md

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.