

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED NOV 25 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36657

Do not use this space.

1. PLACE OF DEATH

(a) County Hayes 20 Registration District No. 65-
(b) Township Pagan Primary Registration District No. 6192 Registered No. 6
(c) City Patterson (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Helen Margaret Atnip Patterson Mo. St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1925

7. AGE YEARS 15 MONTHS 10 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. School
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Patterson (STATE OR COUNTRY) Missouri

FATHER 13. NAME Ray Atnip

14. BIRTHPLACE (CITY OR TOWN) Patterson (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME MARGARET Shearer

16. BIRTHPLACE (CITY OR TOWN) Patterson (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Ray Atnip Patterson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Helmes Cemetery DATE Aug. 26 1940

19. FUNERAL DIRECTOR (ADDRESS) Chas. J. Green Greenville, Mo.

20. FILED Sept. 12 40 Mrs. T. M. Polk Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG. 24 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 1938, to Aug 28 1940
I last saw him alive on July 28 1940 Death is said to have occurred on the date stated above, at 3:50 P. m.
The principal cause of death and related causes of importance were as follows:

Epilepsy Date of onset 95

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed) Chas. J. Green, M. D.

(Address) Greenville, Mo.

STATEMENT BY LICENSED EMBALMER

I, _____

W. C. Gray

Licensed Embalmer No. _____

3474

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

No. _____

or by _____

B. J. Breuthinger

Registered Apprentice No. _____

208

working under my personal supervision.

Signed _____

W. C. Gray

Licensed Embalmer No. _____

3474

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.)