

FILED AUG. 13 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24084

State File No. _____

Registrar's No. 18

Registration District No. 184

Primary Registration District No. 5255

1. PLACE OF DEATH:

(a) County Christian
 (b) City or town Ozark rural - Finley
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME DAVID F. PATTEN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Elza 6. (c) Age of husband or wife if alive 46 years7. Birth date of deceased Nov. 18 1873
(Month) (Day) (Year)8. AGE: Years 68 Months 6 Days 4 If less than one day _____ hr. _____ min.9. Birthplace Rogersville Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

12. Name William PATTEN13. Birthplace Tennessee
(City, town, or county) (State or foreign country)14. Maiden name Sarah Beatie15. Birthplace Greene Co. Missouri
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Elza Patten
(b) Address Ozark, Mo.17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 24 42
(Month) (Day) (Year)(c) Place: burial or cremation Union Chapel Cem.18. (a) Signature of funeral director Kelley - Ferrell(b) Address Rogersville Mo.19. (a) Aug 4, 42 (Date received local registrar) (b) Mrs. Madelon Stone (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

State MISSOURI (b) County CHRISTIAN
 (c) City or town OZARK
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 22
year 1942 hour 5 minute 30 A.M.21. I hereby certify that I attended the deceased from May 4, 1942 to May 22, 1942
that I last saw him alive on May 21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Paralysis right side face
right leg
 Due to Hypertension arteriosclerotic
 Due to _____

Duration

18 daysOther conditions _____
(Include pregnancy within 3 months of death)Major findings: 83a

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. H. Wade (M. D. or other) _____
Address Ozark Mo. Date signed 5-26-42

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39
U. S. G. P. 1 X1931

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

District Health Officer No. 6,

District File Number 842-1218

Date Filed AUG 12 1942

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

H. H. Kelley

Licensed Embalmer No.

3334

P. O. Address

Seymour

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 this body is not embalmed, above space should be left blank.