S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 5 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4677

Registration District No. 7-7 Primary Registration District No. 3025 Registrar's No. 70

1. PLACE OF DEATH:
(a) County: Newton
(b) City or town: West Plains, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ozarks Regional Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Douglas
(c) City or town: Dora, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: R.F.D.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Lorenza Dew Patello
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: B-O
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: 8-16-1875 (Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace: Ozark Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business .....
FATHER
12. Name: unk
13. Birthplace: unk (City, town, or country) (State or foreign country)
MOTHER
14. Maiden name: unk
15. Birthplace: unk (City, town, or country) (State or foreign country)
16. (a) Informant: Lee Adams
(b) Address: R Dora, Mo
17. (a) ..... (Burial, cremation, or removal) (b) Date thereof: 1-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Drayton Cemetery
18. (a) Signature of funeral director: Robertson
(b) Address: West Plains, Mo
19. (a) Feb 9 - 1948 (Date received local registrar) (b) Beatrice Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 year 1948 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from 1/10 1948 to 1/12 1948 that I last saw him alive on 1/12 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to: Coronary Heart Disease	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: N.A.	
Of autopsy:	

PHYSICIAN — Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury: 0
23. Signature: [illegible] (M. D.)
Address: West Plains, Missouri Date signed: 1-10-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District [illegible] Office No. 5,
District File Number 34866
Date Filed 3-4-48

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 George R. Day, Registered Apprentice No. 431, working under my personal supervision.

Signed D. D. Roberts

Licensed Embalmer No. 3437

P. O. Address Mexico, 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 this body is not embalmed, fact should be so stated above.