

FILED MAR 14 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 4106

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 261	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) S t. Joseph				c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph			
d. FULL NAME OF HOSPITAL OR INSTITUTION 621 1/2 No. 3rd				d. STREET ADDRESS (If rural, give location) 621 1/2 No. 3rd			
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) A		c. (Last) Patrick		4. DATE OF DEATH (Month) (Day) (Year) March 1, 1949
5. SEX male		6. COLOR OR RACE black	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 9/14/1869		9. AGE (In years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant operator		10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (State or foreign country) unknown		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME George W. Patrick			13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Dollie Patrick		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If you are war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME Dollie Patrick		ADDRESS St. Joseph, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Cardio Vascula Renal Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis Gen. DUE TO (c) Myocardial Damage. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 443X INTERVAL BETWEEN ONSET AND DEATH many yrs			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 1, 1949</u> , to <u>March 1, 1949</u> , that I last saw the deceased alive on <u>March 1, 1949</u> , and that death occurred at <u>4:45 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert Wheeler M.D.				23b. ADDRESS Phys & Surg Bldg.		23c. DATE SIGNED 3-2-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3/4/49	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph Mo.		
DATE REC'D BY LOCAL REG. Mar. 7, 1949		REGISTRAR'S SIGNATURE K. C. Jenkins		382		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heaton Bowman Funeral Home St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed

Regina Wood

Licensed Embalmer No. *3804*

P. O. Address *314 So 10th St Joseph,*

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.