

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19071

State File No.

FILED JUN 29 1949

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Quilin Mo.</u>	
c. LENGTH OF STAY (In this place) <u>2 Days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Presnell Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jessie</u> b. (Middle) <u>Fremont</u> c. (Last) <u>Patterson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 20-1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept. 2-1899</u>		9. AGE (In years last birthday) <u>49</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
11. BIRTHPLACE (State or foreign country) <u>Puxico Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Puxico Mo.</u>	

13a. FATHER'S NAME <u>Freeman Patterson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Lindsay</u>		14. NAME OF HUSBAND OR WIFE <u>PAULINE PATTESON</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or known) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William Patterson Quilin Mo.</u>	
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18. CAUSE OF DEATH- Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal hemorrhage of stomach</u>		ANTECEDENT CAUSES DUE TO (b) <u>Stomach</u>				DUE TO (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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>58166</u> <u>256</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hi-way 25 Caruth</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Twp. Indepence Dunklin Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>June 18-49 6:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Collision on Hiway 25</u>	

22. I hereby certify that I attended the deceased from 6-16, 1949, to 6-20, 1949, that I last saw the deceased alive on 6-20, 1949, and that death occurred at 4:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. P. Presnell, M.D.</u>		23b. ADDRESS <u>Kennett Mo.</u>		23c. DATE SIGNED <u>6/21/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-22-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>June 21-1949</u>		REGISTRAR'S SIGNATURE <u>Carl Kuehner</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hentz Service Kennett Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2

District File Number 6491 674

Date Filed JUN 24 1949

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.

Signed

Eugene Fred Ford

Licensed Embalmer No. 4433

P. O. Address Kennett Mo

Signed.....
Student Embalmer

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.