

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 20105  
Registrar's No. 48

FILED JUL 13 1949  
Registration District No. 1849

Primary Registration District No. 3035

1. PLACE OF DEATH:  
(a) County Lafayette  
(b) City or town Lexington (City)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Palace Hotel, 9th and Main 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution about six weeks (Specify whether  
In this community about six weeks  
years, months or days)

3. (a) PRINT David Harold Patterson  
FULL NAME

3. (b) If veteran,  
name war

3. (c) Social Security No.  
464-05-9670

4. Sex Male  5. Color or race White  
6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 6, 1901  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
47 6 0 hr. min.

9. Birthplace Carleton Place Ontario, Canada  
(City, town, or county) (State or foreign country)

10. Usual occupation Camp Manager

11. Industry or business Boarding & Commassary

12. Name David Patterson

13. Birthplace Scotland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Not Known 11  
(City, town, or county) (State or foreign country)

16. (a) Informant Dwight H. Houseman 1

(b) Address Lincoln, Nebr.

17. (a) Burial (b) Date thereof 6-10-1949  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington Mo.

18. (a) Signature of funeral director Dwight H. Houseman

(b) Address Lexington, Missouri

19. (a) 20 June 1949 (b) Missouri  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Unknown (b) County 54  
(c) City or town 3  
(If outside city or town limits, write "RURAL") 2  
(d) Street No. 4  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6  
year 1949 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Not known  
Body found in room of Palace  
Hotel, no Doctor in attendance  
Corronor out of the County

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 1755

Major findings:  
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 3  
23. Signature Judge of Probate acting coronor  
Address Lexington, Mo. Date signed 10-49

**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 *Garrett F. Amzel*

Licensed Embalmer No. *3275*

P. O. Address *Livingston, W*

**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.**