

FILED JUL 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24156

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>California, Mo</u>	c. LENGTH OF STAY (in this place) <u>40 Yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>California, Mo Walker</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>California, Mo Rt #1</u>		d. STREET ADDRESS (If rural, give location) <u>California, Mo Rt #1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ethel</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Patterson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 6 1949</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 2, 1884</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>1</u> Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Bill Jackson</u>	13b. MOTHER'S MAIDEN NAME <u>Perillee Jackson</u>	14. NAME OF HUSBAND OR WIFE <u>William Paterson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James R. Patterson</u> ADDRESS <u>Jefferson City, Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>42 22</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) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>California Moniteau Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 July 5, 1949, to July 5, 1949 that I last saw the deceased alive on July 5, 1949, and that death occurred at 5:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. R. Fisher M.D.</u> (Degree or title)	23b. ADDRESS <u>California, Mo</u>	23c. DATE SIGNED <u>7-8-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 8, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>California, Mo</u>
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DATE REC'D BY LOCAL REG. <u>July 9-49</u>	REGISTRAR'S SIGNATURE <u>H.R. Popejoy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl R. Doulin</u> ADDRESS <u>California</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 7-12-49  
District Health Officer No. 9  
District File Number

**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 Earl R. Bouslin

Licensed Embalmer No. 2126

P. O. Address California

**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.