

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 18 1949

State File No. **40022**

BIRTH NO. _____ REG. DIST. NO. **366** PRIMARY REG. DIST. NO. **4536** Registrar's No. **47**

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

1. PLACE OF DEATH a. COUNTY <i>Washington</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Washington</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Petersi</i>	c. LENGTH OF STAY (In this place) <i>74 yrs.</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Petersi</i> 110	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1</i>		d. STREET ADDRESS (If rural, give location) 0 D	

3. NAME OF DECEASED a. (First) <i>Sallie</i>		b. (Middle)		c. (Last) <i>Patterson</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Nov. 4 1949</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>		8. DATE OF BIRTH <i>Feb. 8 1875</i>		9. AGE (In years last birthday) <i>74</i>		IF UNDER 1 YEAR Months <i>9</i> Days <i>26</i>	IF UNDER 24 HRS. Hours <i>26</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Washington Co. Mo. D</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		

13a. FATHER'S NAME <i>Zedrick Richard</i>		13b. MOTHER'S MAIDEN NAME <i>Caroline Davis</i>		14. NAME OF HUSBAND OR WIFE			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Jack Patterson</i>		ADDRESS <i>Petersi Mo</i>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>myocarditis</i>				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.				<i>1 1/2 to 20</i>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		
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 *7/1*, 19*41*, to *11/4*, 19*49*, that I last saw the deceased alive on *11/3*, 19*49*, and that death occurred at *240A* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>L. H. Presswell M.D.</i>		23b. ADDRESS <i>Petersi, Mo.</i>		23c. DATE SIGNED <i>11/7/49</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>11-6-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Petersi Masonic</i>		24d. LOCATION (City, town, or county) (State) <i>Petersi Mo.</i>	
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DATE REC'D BY LOCAL REG. <i>11/8/49</i>		REGISTRAR'S SIGNATURE <i>Hubert Rudall</i>		402		25. FUNERAL DIRECTOR'S SIGNATURE <i>Mr. Luther Sparks</i>		ADDRESS <i>Petersi Mo.</i>	
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RECEIVED 11-15-49

Health Officer No. 4

File Number 1149-150

Date Filed

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

Murphy L. Sparks

Licensed Embalmer No. 4236

P. O. Address Flat River, 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.