

FILED JAN 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43894

BIRTH NO. 59344-49 REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW MADRID.</u>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW MADRID.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NO</u>			

3. NAME OF DECEASED (Type or Print) (First) <u>DASIE</u> (Middle) <u>MAE</u> (Last) <u>PATTERSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 22-49</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>SEPT. 4-1949</u>	9. AGE (in years last birthday) <u>2</u> IF UNDER 1 YEAR Months <u>18</u> Days <u>18</u> IF UNDER 1 HR. Hours <u>54</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>NEW MADRID - MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>ROBERT PATTERSON</u>	13b. MOTHER'S MAIDEN NAME <u>MARY LIFTER</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MARY LIFTER, NEW MADRID, MO.</u> ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain aneurysm</u>	DUE TO (b)		
ANTECEDENT CAUSES	DUE TO (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.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>491X</u>

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 Dec 18, 1949, to Dec 22, 1949, that I last saw the deceased alive on Dec 20, 1949, and that death occurred at 3:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Candice M. Ragan 2006</u>	23b. ADDRESS <u>Wheaton Mo</u>	23c. DATE SIGNED <u>Jan 1-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC-23-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SAND BAY</u>
24d. LOCATION (City, town, or county) (State) <u>NEW MADRID. MO.</u>		

DATE REC'D BY LOCAL REG. <u>1-13-50</u>	REGISTRAR'S SIGNATURE <u>Helen Loud Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Hudt Co</u> ADDRESS <u>New Madrid</u>
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RECEIVED JAN 17 19

District Health Office No

District File Number 150-5

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

working under my personal supervision.

Student
Student Embalmer

Max Embalmer
Signed

Student Embalmer No.

Licensed Embalmer No.

P. O. Address

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.