

FILED FEB 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. 3618

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6196 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <i>Perds</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Perds</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Licking</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Licking</i> 1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Dora</i> b. (Middle) <i>-</i> c. (Last) <i>Patrick</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>1-27-50</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>12-31-1869</i>	9. AGE (In years last birthday) <i>80</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Polla Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Jordan King</i>	13b. MOTHER'S MAIDEN NAME <i>Spithia Stevens</i>	14. NAME OF HUSBAND OR WIFE <i>Wilber Patrick</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Carter Williams</i>	ADDRESS <i>Licking</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>apoplexy</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Senility</i>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<i>334X</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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *Jan 25, 1950* to *Jan 27, 1950*, that I last saw the deceased alive on *Jan 27, 1950*, and that death occurred at *7:30 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Dr. R. F. Sutter D. O.</i>	23b. ADDRESS <i>Licking - MO.</i>	23c. DATE SIGNED <i>1-31-50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Funeral</i>	24b. DATE <i>1/29/50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Williams Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>Perds Mo</i>
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DATE REC'D BY LOCAL REG. <i>Feb 4, 1950</i>	REGISTRAR'S SIGNATURE <i>Edwara Hesse</i> 324	25. FUNERAL DIRECTOR'S SIGNATURE <i>Smith Ferguson</i>	ADDRESS <i>Licking</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Received  
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**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 .....  
Student Embalmer

Signed Hubert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Leckling M

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.