

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

3728

State File No.

FILED FEB 16 1950

No. 300
10-48

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>35</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Adair</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkville</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Macon</u>	
c. LENGTH OF STAY (In this place) <u>8 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Elmer</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0610</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Smith Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Edward</u>	b. (Middle)	c. (Last) <u>Patterson</u>	(Month) <u>Feb</u>	(Day) <u>1</u>	(Year) <u>1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>March 31 1863</u>		9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>11</u> Days	IF UNDER 1 HR. Hours <u></u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, event retired) <u>Retail Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jane C. Patterson</u>		13b. MOTHER'S MAIDEN NAME <u>Ophelia Jane Beck</u>		14. NAME OF HUSBAND OR WIFE <u>Nettie Patterson</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cora Spurnaker Kirkville</u>			
15. ADDRESS (If yes, give war or dates of service)		16. ADDRESS		17. ADDRESS <u>Kirkville</u>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Degenerative & arteriosclerotic heart disease</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs.</u>			
ANTECEDENT CAUSES				DUE TO (b) <u>Senility</u>			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <u>F. A. male of regt James.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
		<u>no operation</u>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Elmer Macon Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 25 1950 3: P. m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Putting coal in stove - 101</u>			
22. I hereby certify that I attended the deceased from <u>Jan 25</u> , 1950, to <u>Feb 1</u> , 1950, that I last saw the deceased alive on <u>Feb 1</u> , 1950, and that death occurred at <u>6:50 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Director T. S. Smith M.D. D.M.P.</u>			23b. ADDRESS <u>Kirkville, Mo.</u>			23c. DATE SIGNED <u>Feb 1, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 4 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmer</u>		24d. LOCATION (City, town, or county) (State) <u>Elmer Macon Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 6-50</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McH McCallum</u> ADDRESS <u>South 4th and 10th</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

2013
0

RECEIVED FEB 9 1950
District Health Officer No.
District File Number 2-50
Date Filed FEB 9 1950

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

Clyde McCallum

Licensed Embalmer No. 3226

P. O. Address So. Gifford, 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.