

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8384

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 291

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY OR TOWN Springfield If outside corporate limits, write RURAL and give township) Rural/Campbell Twp. <i>all life</i>		c. CITY OR TOWN Springfield If outside corporate limits, write RURAL and give township) Rural/Campbell Twp. <i>0370</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield R.F.D. #4		d. STREET ADDRESS (If rural, give location) Springfield R.F.D. #4	
3. NAME OF DECEASED (Type or Print) a. (First) CYRUS		b. (Middle) JACOB	
		c. (Last) PATTERSON JR.	
4. DATE OF DEATH (Month) (Day) (Year) March 27, 1950			
5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 1899
9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contracrob	10b. KIND OF BUSINESS OR INDUSTRY building	11. BIRTHPLACE (State or foreign country) Springfield, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Cyrus J. Patterson Sr.		13b. MOTHER'S MAIDEN NAME Emma Feibert	
		14. NAME OF HUSBAND OR WIFE Mabel I. Patterson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 500-10-3319	
		17. INFORMANT'S SIGNATURE OR NAME Mabel I. Patterson, Springfield Mo.	
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>Internal Bleed</i> 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.	
		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMEKIDE (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 <i>3-26, 1950</i> , to <i>3-27, 1950</i> , that I last saw the deceased alive on <i>3-26, 1950</i> , and that death occurred at <i>2:30 P.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>W. Kelly MD</i> (Degree or title)		23b. ADDRESS <i>Springfield Mo</i>	
		23c. DATE SIGNED <i>3-28-50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 29 March 1950	
24c. NAME OF CEMETERY OR CREMATORY Hazelwood		24d. LOCATION (City, town, or county) Springfield, Missouri.	
DATE REC'D BY LOCAL REG. 3-29-50		REGISTRAR'S SIGNATURE <i>W. E. Landley MD</i>	
		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. C. Thomas</i> ADDRESS <i>Springfield, Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

DR KELLY

APR 19 1950

APR 25 1950

APR 13 1950

SEP 2 1953

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 Ralph A. Thomas

Signed _____

Student Embalmer

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri

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.