

FILED JUL 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19360

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 5120		Registrar's No. 192	
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone			
b. CITY: (If outside corporate limits, write RURAL and give township) OR TOWN Columbia			c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia			0100
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Route 4				d. STREET ADDRESS (If rural, give location) Route 4			
3. NAME OF DECEASED (Type or Print)		a. (First) HARRY	b. (Middle) J.	c. (Last) PATTERSON		4. DATE OF DEATH (Month) (Day) (Year) July 2, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 3, 1887		9. AGE (In years last birthday) 63	10. UNDER 1 YEAR 2	11. UNDER 1 MRS. Hours Min. 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Epple Construction Co.		11. BIRTHPLACE (State or foreign country) Monroe Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Silas Patterson		13b. MOTHER'S MAIDEN NAME Mettie Sparks		14. NAME OF HUSBAND OR WIFE Mrs. Dimitt Cochran Patterson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 490-07-0558	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Harry J. Patterson, Columbia, 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) <u>Generalized Carcinomas</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Stomach</u> <u>6 mo</u> DUE TO (c) <u>Perforated Ulcer Stomach</u> <u>1 year</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>150X</u>					
19a. DATE OF OPERATION <u>April 18-1950</u>	19b. MAJOR FINDINGS OF OPERATION <u>Generalized Carcinomas</u>						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)		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 <u>Oct. 1949</u> , to <u>July 2, 1950</u> , that I last saw the deceased alive on <u>July 2, 1950</u> , and that death occurred at <u>3:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harold Dietrich, Prof. Bldg Columbia Mo</u>						23b. ADDRESS <u>Prof. Bldg Columbia Mo</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 4, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Boone County, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>July 5 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>		31		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parsons Funeral Service, Columbia Mo</u>	

JUL 17 1950

RECEIVED 7-10
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 7-10-50

JUL 5 1950

JUL 14 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
.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed Tom McHarg
Licensed Embalmer No. 4067
P. O. Address Columbia, S.C.

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.