No. 300
10.46

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

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24202

BIRTH NO. 51352-50 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 95

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayti, M
c. LENGTH OF STAY (In this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayti, 0781
d. STREET ADDRESS (If rural, give location): 107 W. Cleveland

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Edward
c. (Last): Patterson

4. DATE OF DEATH (Month) (Day) (Year): Aug. 5 1950

5. SEX: Male
6. COLOR OR RACE: Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: July 31, 1950
9. AGE (In years last birthday): If under 1 year: Months / Days: 6 — If under 24 hrs.: Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hayti, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Sammy Patterson
13b. MOTHER'S MAIDEN NAME: Estelle Mc Coy
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Sammy Patterson — ADDRESS: Hayti, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 or 3 days

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

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): Hayti Pemiscot Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 8/5, 1950 to 8/5, 1950, that I last saw the deceased alive on 8/5, 1950, and that death occurred at 3:40 P.M. from the causes and on the date stated above.

23a. SIGNATURE: L. D. Denton M.D. (Degree or title)
23b. ADDRESS: Hayti Mo
23c. DATE SIGNED: 8/6/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 6, 1950
24c. NAME OF CEMETERY OR CREMATORY: Canada Switch
24d. LOCATION (City, town, or county) (State): Canada Switch, Mo

DATE REC'D BY LOCAL REG.: 8-6-50
REGISTRAR'S SIGNATURE: John W German 406
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Robert J. Smith — Hayti, Mo

(Licensed Embalmer's Statement on Reverse Side)

8-50-216

Beecher, M.D.,
Pemiscot County Health Department,
Hayti, Missouri.

AUG 21 REC'D

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 .....

Licensed Embalmer No. .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.