

FILED AUG 22 1950

STANDARD CERTIFICATE OF DEATH

State File No. 26033
Registrar's No. 46

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CENTRALIA</u> | |
| c. LENGTH OF STAY (in this place) <u>27 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>3 Need - BARR St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sneed - BARR St.</u> | | | |

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|--|----------------------------------|--|--|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARVIN</u> b. (Middle) <u>TAYLOR</u> c. (Last) <u>PATTERSON</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug - 11 - 1950</u> | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Sept-20-1868</u> | 9. AGE (In years last birthday) <u>81</u> | if UNDER 1 YEAR Months <u>10</u> Days <u>21</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery-Dry Goods</u> | 11. BIRTHPLACE (State or foreign country) <u>Monroe County Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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|---|--|--|--|--|--|
| 13a. FATHER'S NAME <u>Harvey Patterson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lucinda Schrader</u> | | 14. NAME OF HUSBAND OR WIFE <u>Nena Patterson</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. JULIA SUDSBERRY - Madison, Mo</u> | |

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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, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) <u>arteriosclerotic heart disease</u> | | <u>2 yrs.</u> | |
| DUE TO (c) | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>4200</u> | |

| | | | | | |
|---|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 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) <u>Centralia Boone Mo.</u> | |
| 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 Jan. 30, 1950, to Aug. 1, 1950, that I last saw the deceased alive on Aug. 1, 1950, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

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|--|--|---------------------------------|--|---|--|---|--|
| 23a. SIGNATURE <u>P. J. Edmondson</u> | | (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>101 W. Singleton, Centralia</u> | | 23c. DATE SIGNED <u>Aug 14, 50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>Aug-13-1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>CENTRALIA Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>CENTRALIA, MISSOURI</u> | |

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|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>Aug 14-1950</u> | | REGISTRAR'S SIGNATURE <u>Maud McBratton</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul O. Ballew - Centralia, Mo.</u> | |
|--|--|--|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

100
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RECEIVED 8-21-57

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-21-57

AUG 22 1957

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 Paul J. Baller

Licensed Embalmer No. 4206

P. O. Address Centralia, 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.