

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED OCT 6 1950

BIRTH NO. 124 REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 5751 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>near Farmington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Flat River</u>	
c. LENGTH OF STAY (in this place)		0942	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (if rural, give location)	

3. NAME OF DECEASED (Type or Print) <u>ITA</u>			a. (First)			b. (Middle)			c. (Last) <u>Patterson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 24, 1950</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 29, 1878</u>		9. AGE (In years last birthday) <u>72</u>		10. YEARS UNDER 1 YEAR <u>1</u>		11. HOURS UNDER 24 HOURS <u>23</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>				11. BIRTH PLACE (State or foreign country) <u>Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>William Patterson</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Ella Patterson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no.</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Thomas</u>				ADDRESS <u>Leadington, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
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>Coronary Thrombosis</u>						<u>Instantly</u>	
		ANTECEDENT CAUSES						<u>hours</u>	
		Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>arterial sclerosis</u> DUE TO (c) <u>Myocarditis Chronic</u>						<u>hours</u>	
		II. OTHER SIGNIFICANT CONDITIONS						<u>years</u>	
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Had had several previous minor attacks of Coronary Thrombosis</u>						<u>420'</u>	

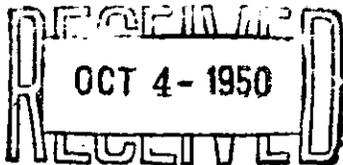
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>L</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (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 April 9, 1950, to Sept. 7, 1950, that I last saw the deceased alive on Sept. 7, 1950, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul L. Amis MD</u> (Degree or title)		23b. ADDRESS <u>12 Wood Drive, Flat River, Mo.</u>		23c. DATE SIGNED <u>9-26-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/27-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Parsons Cemetery, near Farmington, Mo.</u>	
24d. LOCATION (City, town, or county) (State)		24e. LOCAL DIRECTOR'S SIGNATURE <u>Raymond Caldwell</u> ADDRESS <u>Flat River, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9-27-1950</u>		REGISTRAR'S SIGNATURE <u>Frederick W. Nickle</u> 187		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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

ROBINSON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 1050-28

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.

Student Embalmer No.

Signed

R. Caldwell

Signed.....
Student Embalmer

Licensed Embalmer No. 2531

P. O. Address Flat River, 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.