

FILED DEC 13 1950

State File No. _____

Registration District No. 135

Primary Registration District No. 4210

Registrar's No. 12

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Ridgeway
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: 2 yrs in hospital or institution (Specify whether years, months or days)
In this community 2 yrs years, months or days

3. (a) PRINT FULL NAME Oliver May Patlett
3. (b) If veteran name war No
3. (c) Social Security No. 487-16-721

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John E. Patlett
6. (c) Age of husband or wife if alive 66
7. Birth date of deceased May - 4 - 1889
(Month) (Day) (Year)

8. AGE: Years 17 Months 6 Days 19
If less than one day hr. _____ min. _____

9. Birthplace Ridgeway (City, town, or county) (State or foreign country) Mo

10. Usual occupation Housewife

11. Industry or business House Keeping

MOTHER FATHER
12. Name William S. Williams
13. Birthplace Bloomington (City, town, or county) (State or foreign country) Indiana
14. Maiden name Leatha Parrish
15. Birthplace Lebanon (City, town, or county) (State or foreign country) Ill

16. (a) Informant Mrs Della Poush
(b) Address Eagleville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct-25, 50 (Month) (Day) (Year)

(c) Place: burial or cremation Kirkley Chapel

18. (a) Signature of funeral director Robert R. Hoff
(b) Address Ridgeway Mo

19. (a) Oct. 25, 1950 (Date received local registrar) (b) Ladd Brewer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Harrison
(c) City or town Ridgeway (If outside city or town limits, write "RURAL")
(d) Street No. 141 N (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct-29 day _____ year 50 hour Early morning minute _____

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Murder

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy No

Duration _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Example bullet wound in right
(b) Date of occurrence Oct-29 50
(c) Where did injury occur? Home Ridgeway Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes Home
While at work? 3 (Specify type of place) (e) Means of injury Shot
23. Signature Robert R. Hoff (M. D. or other) 1025-57
Address Ridgeway Mo Date signed _____



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.....

....., Registered Apprentice No.....

.....
working under my personal supervision.

Signed.....

Licensed Embalmer No..... 76

P. O. Address..... Ridgeway 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.