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

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41619

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY: NEWTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANBY
c. LENGTH OF STAY (In this place): 7 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): COMMUNITY HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: NEWTON 07.32
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEOSHO 0
d. STREET ADDRESS (If rural, give location): 424 BAXTER ST.

3. NAME OF DECEASED (Type or Print)
a. (First): DEE
b. (Middle):
c. (Last): PATTERSON

4. DATE OF DEATH (Month) (Day) (Year): Dec 3 1950

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: 6-24-1893
9. AGE (In years last birthday): 57 — If under 1 year: Months 5, Days 9; If under 24 hrs.: Hours, Min.

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

13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: Dollie PATTERSON.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WAR # 1
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Dollie Patterson — ADDRESS:

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): Apoplexy Bulbar — INTERVAL BETWEEN ONSET AND DEATH: 4 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.: Arthritis Deformans. — 334X

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
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): —

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* Nov 5, 1948, *to* Dec. 3, 1950, *that I last saw the deceased alive on* Dec 2, 1950, *and that death occurred at* 2:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Melvin McDough D.O. (Degree or title)
23b. ADDRESS: Gov. BK. Bldg; Neosho Mo
23c. DATE SIGNED: 12-9-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL (1)
24b. DATE: Dec 5-50
24c. NAME OF CEMETERY OR CREMATORY: Gibson Cemetery
24d. LOCATION (City, town, or county) (State): NEAR NEOSHO

DATE REC'D BY LOCAL REG.: Dec. 13, 1950
REGISTRAR'S SIGNATURE: M. L. Young 225 0
25. FUNERAL DIRECTOR'S SIGNATURE: CLARK-BIGHAM. — ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

18

RECEIVED

District Health Officer No. Newton Co Health Dept

District File Number 1250-281

Date Filed 12/20/50

DEC 29

DEC 20 1950

JAN 9 1951

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 K. Ly — White

Licensed Embalmer No. 4240

P. O. Address Neosho 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.