

S. No. 300
lv. 10.48

FILED FEB 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 370
Registrar's No. 59

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3 5143

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ripley</u>	
b. CITY OR TOWN <u>Rural...P.B. Twp.</u>		c. CITY OR TOWN <u>Fairdealing, Mo.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 Mile S. of Patrol Station</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u> b. (Middle) <u>JUNIOR</u> c. (Last) <u>PATTY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 31, 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>6/15/1931</u>
9. AGE (In years last birthday) <u>19</u>	IF UNDER 1 YEAR (Months) <u>7</u>	IF UNDER 1 YEAR (Days) <u>16</u>	IF UNDER 1 YEAR (Hours) <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>College</u>	11. BIRTHPLACE (State or foreign country) <u>Hamtramick, Mich</u>	12. CITIZEN OF WHAT COUNTRY? <u>1</u>
13a. FATHER'S NAME <u>Clarence C. Patty</u>		13b. MOTHER'S MAIDEN NAME <u>Bulah Lewis</u>	
14. NAME OF HUSBAND OR WIFE			
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. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>C.C. Patty...Fairdealing, Mo.</u>		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull Fracture</u> 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. INTERVAL BETWEEN ONSET AND DEATH <u>6 8 1/2</u> <u>2 1/2</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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bridge, etc.) <u>State Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Poplar Bluff Twp. Butler Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1/31-51-730A</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile collision</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:30A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Chover W. Greer</u>		23b. ADDRESS <u>Poplar Bluff Mo</u>	23c. DATE SIGNED <u>2/3-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/4/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairdealing</u>	24d. LOCATION (City, town, or county) (State) <u>Fairdealing, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Feb 5 1951</u>	REGISTRAR'S SIGNATURE <u>Wm H Johnson</u>	428	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>FRANK *COTRELL...Poplar Bluff, Mo.</u>

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

RECEIVED

FEB 13 1951

BUTLER CO. HEALTH CENTER

FILE No. 251-70

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.....

Scott A. Botrell

Signed.....

Student Embalmer

Licensed Embalmer No.

3567

P. O. Address.....

Poplar Bluff, 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.