

FILED FEB 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

1937

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355 Registrar's No. 2

0721

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

1. PLACE OF DEATH a. COUNTY <u>New Madrid,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Madrid</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Madrid</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Jari</u>	b. (Middle) <u>Patterson</u>	c. (Last) <u>Patterson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan, 8, 51</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>Aug, 27, 1949</u>	9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>2</u>	IF UNDER 12 HRS. Hours <u>11</u>	MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None,</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>New Madrid, Mo. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>
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13a. FATHER'S NAME <u>Willie A. Patterson</u>	13b. MOTHER'S MAIDEN NAME <u>Bettie Miller</u>	14. NAME OF HUSBAND OR WIFE <u>No.</u>
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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>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Willie A. Patterson, New Madrid, Mo.</u>	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Home Caught fir buring up baby</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>69160</u>  <u>16</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>in Home.</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>072</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New Madrid, New Madrid, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan, 8 51</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Burned to death in Home.</u>
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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 \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Les Adenuth</u> (Degree or title) <u>Coroner 3</u>	23b. ADDRESS <u>New Madrid, Mo.</u>	23c. DATE SIGNED <u>1/9/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/10/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fannie Powell</u>	24d. LOCATION (City, town, or county) (State) <u>New Madrid, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-18-51</u>	REGISTRAR'S SIGNATURE <u>Nelson Louis Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richards Und't. Co.</u>	ADDRESS <u>New Madrid, Mo.</u>
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RECEIVED

FEB 5 1951

DISTRICT HEALTH OFFICE No. 6

No. ....

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. ....

*Not Embalmed*

Signed

*W. H. Heath*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3803*

P. O. Address *New Medical Bldg*

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.