

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7829

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5267 Registrar's No. 5

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

1. PLACE OF DEATH a. COUNTY <i>Christian</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Christian</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural So Hallaway</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Hallaway</i>	
c. LENGTH OF STAY (If this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Reese</i>	b. (Middle) <i>C.</i>	c. (Last) <i>Patrick</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Feb 14 51</i>
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5. SEX <i>M D</i>	6. COLOR OR RACE <i>wh</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Dec 1-1873</i>	9. AGE (In years last birthday) <i>77-2-13</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>General</i>	11. BIRTHPLACE (State or foreign country) <i>Virginia</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
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13a. FATHER'S NAME <i>John Patrick</i>	13b. MOTHER'S MAIDEN NAME <i>Margarette Leadell</i>	14. NAME OF HUSBAND OR WIFE <i>Patrick</i>
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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) <i>no</i>	16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mr. H. W. Patrick</i>	ADDRESS <i>Patrick</i>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Saure Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 days</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>W. acute heart virus</i>		<i>2 1/2</i>
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>490x</i>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *11 am*, 1951, to *14 am*, 1951, that I last saw the deceased alive on *13- Feb*, 1951, and that death occurred at *2:30 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>H. W. Patrick</i>	(Degree or title)	23b. ADDRESS <i>General</i>	23c. DATE SIGNED <i>15 Feb 1951</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
<i>Burial</i>	<i>Feb 17-51</i>	<i>Eisenhart</i>	<i>Hallaway Mo</i>

DATE REC'D BY LOCAL REG <i>Feb 28-1951</i>	REGISTRAR'S SIGNATURE <i>Luella Leonard</i>	59	25. FUNERAL DIRECTOR'S SIGNATURE <i>Everett J. Cheatham</i>	ADDRESS <i>Hallaway Mo</i>
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAR 13 1951

Dist. File 351-561

Date Filed 3-16-51

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Halena 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.