

FILED APR 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 11403

BIRTH NO. _____		REG. DIST. NO. 279		PRIMARY REG. DIST. NO. 4553		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY Wright				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Wright			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mansfield		c. LENGTH OF STAY (In this place) township) 60 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Hart Twp. 1140			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 8 Mi West Hartville, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Ora		b. (Middle) S		c. (Last) Patterson		4. DATE OF DEATH (Month) (Day) (Year) 3 13 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 7-18-1877	
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 7		IF UNDER 1 YEAR Days 25		IF UNDER 1 HRS. Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Buchanan County		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William H. Patterson			13b. MOTHER'S MAIDEN NAME Susan M. Mootry			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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edd Patterson, Hartville, Mo.			
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) Thrombotic Gangrene both legs  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 2 months  455x	
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)		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Mar 13</u> 1951 to <u>Mar 13</u> 1951, that I last saw the deceased alive on <u>Mar 13</u> 1951, and that death occurred at <u>10:25 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W.D. Zimmerman V.D.O.</u>				23b. ADDRESS <u>Mansfield Mo.</u>		23c. DATE SIGNED <u>3/21/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-16-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Wright County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/20/51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 384		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Hartville, Mo.</u>			

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

WRIGHT CO. HEALTH DEPT.  
County File Number 351-30  
Date Filed 8-21-51

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Gene E. Holdren

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.