

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 9 1951

5695 State File No. 17232

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

BIRTH NO. _____		REG. DIST. NO. 187		PRIMARY REG. DIST. NO. 4302		Registrar's No. 87		
1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chula-Rural-Medicin-TWP		c. LENGTH OF STAY (in this place) 71 Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chula-Rural-Medicin-TWP		d. STREET ADDRESS (If rural, give location) 3 1/2 Mi. East Chula. 0590		
3. NAME OF DECEASED a. (First) Viola			b. (Middle) White		c. (Last) Patterson		4. DATE OF DEATH (Month) (Day) (Year) May 25 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 12 1879	9. AGE (In years last birthday) 72	10. UNDER 1 YEAR Months 1	11. UNDER 4 HRS. Days 13 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home.		11. BIRTHPLACE (State or foreign country) Livingston Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Robert J. White			13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE Bert Patterson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Bert Patterson Chula 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) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis DUE TO (c) Hemiplegia due to previous Cerebral hemorrhage (Nov 11 1948) 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 days 15 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X					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) (Min.)		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 Aug 15, 1951 to May 25, 1951, that I last saw the deceased alive on May 24, 1951, and that death occurred at 8 P.M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) M.D.			23b. ADDRESS Chillicothe Mo			23c. DATE SIGNED May 26, 1951		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/27/1951		24c. NAME OF CEMETERY OR CREMATORY Meadville		24d. LOCATION (City, town, or county) (State) Meadville Mo.		
DATE REC'D BY LOCAL REG. May 26/51		REGISTRAR'S SIGNATURE Frances B. Naillo		25. FUNERAL DIRECTOR'S SIGNATURE E.J. Robertson		ADDRESS Funeral Home Chula Mo.		



**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

*J. Robertson*

Licensed Embalmer No. *4388*

P. O. Address *Laredo 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.