

FILED AUG 7 1951

STANDARD CERTIFICATE OF DEATH

State File No. 22006

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Butler</b> )		c. CITY (If outside corporate limits, write RURAL and give township) <b>Adrian</b>	
c. LENGTH OF STAY (in this place) <b>3wks</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Butler Memorial Hospital</b>			

3. NAME OF DECEASED a. (First) <b>Rufus</b> b. (Middle) <b>E.</b> c. (Last) <b>Patterson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 28 1951</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 22, 1870</b>	9. AGE (In years last birthday) <b>81</b>	10. UNDER 1 YEAR Months <b>1</b> Days <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Buneston Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Thompson Patterson</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Gossnell</b>		14. NAME OF HUSBAND OR WIFE <b>Garmilla Patterson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>513-14-1376</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>C. T. Patterson, Adrian Mo.</b>	

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) <b>Myocarditis (Chronic)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6mo</b>
	ANTECEDENT CAUSES Morbidity 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. <b>possibly Carcinoma of lungs</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	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)	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 **Apr. 9, 1951**, to **July 26, 1951**, that I last saw the deceased alive on **July 26, 1951**, and that death occurred at **6:50A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>K. E. Robinson M.D.</b>	23b. ADDRESS <b>Adrian, Mo.</b>	23c. DATE SIGNED <b>7-28-59</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-29-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Crescent Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Adrian Mo.</b>
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DATE REC'D BY LOCAL REG. <b>July 28-1951</b>	REGISTRAR'S SIGNATURE <b>Nandal Kory</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Creath &amp; Sons, Adrian Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED** 8-6-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 8-6-51 \_\_\_\_\_

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

*Fred D. Breaux*  
\_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Fred D. Breaux*  
\_\_\_\_\_

Licensed Embalmer No. *3343*  
\_\_\_\_\_

P. O. Address *Adrian, Mich*  
\_\_\_\_\_

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.