

FILED AUG 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23511**

BIRTH NO. _____		REG. DIST. NO. <u>167</u>		PRIMARY REG. DIST. NO. <u>5606</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Jackson twp</u>		c. LENGTH OF STAY (in this place) <u>7 1/2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Route #2, Jackson twp</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home, Route 2 Kingsville</u>				d. STREET ADDRESS (If rural, give location) <u>Route #2, Kingsville, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Edwin</u> c. (Last) <u>Patterson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 12, 1951</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>Oct 27, 1876</u>	
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>		11. BIRTHPLACE (State or foreign country). <u>Johnson County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thomas A. Patterson</u>		13b. MOTHER'S MAIDEN NAME <u>Minerva Poindexter</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>no</u> <u>XXXX</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W. R. Patterson, Kingsville, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arterio sclerosis</u> 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	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>XXXX</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXX</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>XXXX</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>XXXX</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>XXXX</u>			
22. I hereby certify that I attended the deceased from <u>7/7/51</u> , 19 <u>51</u> , to <u>7/12/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7/12/51</u> , 19 <u>51</u> , and that death occurred at <u>3:15 PM</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Mrs G. V. Redford L.P.</u>				23b. ADDRESS <u>Holden Lene Jack, Missouri</u>		23c. DATE SIGNED <u>7/14/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7/14/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elm Springs Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Elm, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July 30, 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs G. V. Redford</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Canaday & Ropp, Holden, Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0510

RECEIVED
AUG 2 1951
JOHNSON COUNTY HEALTH DEPT.

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.....

Signed.....
Student Embalmer

Signed

M. J. Canaday

Licensed Embalmer No. 3424

P. O. Address. Holden 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.