No. 500
10.48

FILED JUL 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23738

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 229

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

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levering Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal 0044
d. STREET ADDRESS (If rural, give location): 316 Jefferson Street

3. NAME OF DECEASED (Type or Print)
a. (First): Harry
b. (Middle): —
c. (Last): Patterson

4. DATE OF DEATH (Month) (Day) (Year): July 5. 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 2. 1907
9. AGE (In years last birthday): 44
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer.
10b. KIND OF BUSINESS OR INDUSTRY: Dairy
11. BIRTHPLACE (State or foreign country): Hannibal. Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Harry Patterson
13b. MOTHER'S MAIDEN NAME: Lulu Ames.
14. NAME OF HUSBAND OR WIFE: Zelphia

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.: 490-18-5175
17. INFORMANT'S SIGNATURE OR NAME: Zelphia Patterson 316 Jefferson St
ADDRESS: Hannibal 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/23/, 1951, *to* 7/5/, 1951, *that I last saw the deceased alive on* 6/23/, 1951, *and that death occurred at* 3:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert Hanning MD
23b. ADDRESS: 504 Bth Bldg Hannibal
23c. DATE SIGNED: 7/12/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-9-51
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
24d. LOCATION (City, town, or county) (State): Hannibal. Marion MO

DATE REC'D BY LOCAL REG.: 7-13-51
REGISTRAR'S SIGNATURE: Dr. E M Lucke By McFisher 184
25. FUNERAL DIRECTOR'S SIGNATURE: James O'Donnell
ADDRESS: Hannibal. MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 17 1951
MARION CO. HEALTH DEPT.
DATE FILED JUL 16 1951

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 Michael J. O'Donnell
Licensed Embalmer No. 3246
P. O. Address Hannibal 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.