

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **29624**

OCT 11 1951

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5137</u>		Registrar's No. <u>421</u>							
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Wayne</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Black River Mo</u>		c. LENGTH OF STAY (in this place) <u>Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Williamsville</u>		1110							
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>Mo 1</u>									
3. NAME OF DECEASED (Type or Print) <u>EDWARD PATTERSON</u>			a. (First)			b. (Middle)							
c. (Last)			4. DATE OF DEATH <u>9-24-51</u>			(Month) (Day) (Year)							
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>1-2-1888</u>		9. AGE (in years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>22</u>		IF UNDER 2 HRS. Hours <u>22</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Palmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>				11. BIRTHPLACE (State or foreign country) <u>Shannon Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Robert Patterson</u>				13b. MOTHER'S MAIDEN NAME <u>Elizabeth Allen</u>				14. NAME OF HUSBAND OR WIFE <u>Mrs. Elizabeth</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>no</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Farel Patterson</u> ADDRESS <u>Williamsville</u>					
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								INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary atherosclerosis</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Hypertension</u>								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 _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>4201</u>					
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 <u>9-24</u> , 19 <u>51</u> , to <u>9-24</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9-24</u> , 19 <u>51</u> , and that death occurred at <u>4:10 P.M.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>Conrad A. Kat</u> (Degree or title) <u>M.D.</u>						23b. ADDRESS <u>Palmer Bluff, Mo</u>				23c. DATE SIGNED <u>2 Oct 51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-26-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Williamsville Cem.</u>				24d. LOCATION (City, town, or county) (State) <u>Williamsville Mo</u>					
DATE REC'D BY LOCAL REG. <u>Oct 3 1951</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Shelby Leuchel</u> ADDRESS <u>Palmer Bluff Mo.</u>							

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

OCT 10 1951
BUTLER CO. HEALTH CENTER

FILE No. 1051-452

ISS: 02 100

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 9-24-5

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Phil A. Jencel

Licensed Embalmer No. 2936

P. O. Address Poplar Bluff, 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.