

NOV 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34100

BIRTH NO. 37812-57 REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5585 Registrar's No. 203

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Madison		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Madison 0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route #1 Carthage		d. STREET ADDRESS (If rural, give location) Route #1 Carthage	

3. NAME OF DECEASED (Type or Print) a. (First) Garry b. (Middle) Donald c. (Last) PATRICK		4. DATE OF DEATH (Month) (Day) (Year) Oct. 27, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH June 21, 1951
9. AGE (In years last birthday) 00		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	11. BIRTHPLACE (State or foreign country) Carthage, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY - - - -	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Harvey Patrick	13b. MOTHER'S MAIDEN NAME Gladys Adams	14. NAME OF HUSBAND OR WIFE - - - -
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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 Harvey Patrick	ADDRESS Route #1 Carthage, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral palsy</u> DUE TO (c) <u>Malnutrition</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 checked="" type="checkbox"/>
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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 June 21, 1951, to Oct. 27, 1951, that I last saw the deceased alive on Oct. 7, 1951, and that death occurred at 11:00 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>L. E. Kilham, D.O.</u> (Degree or title)	23b. ADDRESS <u>Sarsaparilla, Mo.</u>	23c. DATE SIGNED <u>10-28-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-28-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Reeds Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jasper Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-28-51</u>	REGISTRAR'S SIGNATURE <u>L. B. Clinton</u> 139	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ulmer Funeral Home</u> ADDRESS <u>Carthage, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 11-13-51  
Jasper County Health Office

County File Number 51-117841

Date Filed 11-13-51

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 .....  
Student Embalmer

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

Signed *Ray L. Rose*

Licensed Embalmer No. 4779

P. O. Address *Coastalway, Fla.*

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.