

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36444

State File No.

FILED DEC 3 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1193

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph <u>0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital		d. STREET ADDRESS (If rural, give location) 1015 Scott	

3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) G. c. (Last) Patterson			4. DATE OF DEATH (Month) (Day) (Year) November 22, 1951		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 21, 1883	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) painter		10b. KIND OF BUSINESS OR INDUSTRY State Hospital	11. BIRTHPLACE (State or foreign country) Frazier, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John R. Patterson	13b. MOTHER'S MAIDEN NAME Florence Hillier	14. NAME OF HUSBAND OR WIFE Lotus Patterson
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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. 500-07-4122	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lotus Patterson	ADDRESS 1015 Scott, St. Joseph, 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 5 days.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adhesions & Ileus DUE TO (c) Hypostatic Pneumonia		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 11/21/51	19b. MAJOR FINDINGS OF OPERATION Peritonitis. 5702	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St Joseph Buchanan Missouri	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St Joseph Buchanan Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? (Month) (Day) (Year) (Hour) m.

22. I hereby certify that I attended the deceased from 11/19, 1951, to 11/22/51, 1951, that I last saw the deceased alive on 11-22, 1951, and that death occurred at 12:45 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. E. Zachow D.O.	23b. ADDRESS 408 Carly Bldg	23c. DATE SIGNED 11/23/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 11/26/1951	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph Missouri
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DATE REC'D BY LOCAL REG. Nov. 27, 1951	REGISTRAR'S SIGNATURE Carl C. East	25. FUNERAL DIRECTOR'S SIGNATURE Heaton Bowman	ADDRESS Funeral Home
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1170

St Joseph, Mo.

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.....

Eugene Wood

Signed.....
Student Embalmer

Licensed Embalmer No. *3804*

P. O. Address *329 So 10th, St Joseph, 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.