

3. No. 300
 10. 48
 350
 3

FILED DEC 6 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 36858

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5422 Registrar's No. 147

1. PLACE OF DEATH a. COUNTY <i>Dunklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MO</i> b. COUNTY <i>Dunklin</i>	
b. CITY OR TOWN <i>Kennett Ind. Sup.</i>		c. CITY OR TOWN <i>Independence</i>	
c. LENGTH OF STAY (in this place) <i>10 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>Rural # 7.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Rural # 7</i>			
3. NAME OF DECEASED a. (First) <i>Raymond</i> b. (Middle) <i>-</i> c. (Last) <i>Patterson</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Nov 30-1951</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>April 29-1903</i>
9. AGE (in years less birthday) <i>48</i>		10. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <i>NO</i>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>	11. BIRTHPLACE (State or foreign country) <i>Shannon Co. Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13a. FATHER'S NAME <i>George Patterson</i>		13b. MOTHER'S MAIDEN NAME <i>Vernie Farris</i>	14. NAME OF HUSBAND OR WIFE <i>Vernie Patterson</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>NO</i>		16. SOCIAL SECURITY NO. <i>519-28-1813</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Vernie Patterson</i> ADDRESS <i>Kennett, Mo. R-7</i>
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			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Drowning</i>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DUE TO (b) <i>Submerging of Car</i> DUE TO (c) <i>new Ditch #19</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>E 823 4 32</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<i>135</i>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>5 mi. N.E. Kennett</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Independence Dunklin MO.</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>11-30-51 12:20</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>ran off bridge</i>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>12:30</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Walter A. Hershorn</i> (Degree or title) <i>3</i>		23b. ADDRESS <i>Kennett, Mo.</i>	23c. DATE SIGNED <i>11-30-51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Dec 7-1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Gregory Cem</i>	24d. LOCATION (City, town, or county) (State) <i>Kennett, Mo.</i>
DATE REC'D BY LOCAL REG. <i>11-30-51</i>	REGISTRAR'S SIGNATURE <i>Carl H. Huber</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Lucretia Service</i> ADDRESS <i>Kennett, Mo.</i>	

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT12-3-51.....
COUNTY FILE NUMBER 1251-335.

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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.