

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38175

FILED DEC 7 1951

BIRTH NO.		REG. DIST. NO. 226	PRIMARY REG. DIST. NO. 4338	Registrar's No. 89
1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE MISSOURI b. COUNTY MONROE		
b. CITY OR TOWN MONROE CITY c. LENGTH OF STAY (in this place) 11 yrs.		c. CITY OR TOWN MONROE CITY 690		
d. FULL NAME OF HOSPITAL OR INSTITUTION 219 CATHERINE		d. STREET ADDRESS (If rural, give location) 219 CATHERINE		
3. NAME OF DECEASED a. (First) CHESTER b. (Middle) A c. (Last) PATRICK.		4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 26-1951		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED.	8. DATE OF BIRTH April 24, 1896	9. AGE (In years last birthday) 55 <input type="checkbox"/> UNDER 1 YEAR 7 <input type="checkbox"/> UNDER 1 MIN. 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING. RET.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MACON COUNTY MISSOURI	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME HARDY PATRICK.		13b. MOTHER'S MAIDEN NAME EDNA FOREE.	14. NAME OF HUSBAND OR WIFE ALTHA PATRICK.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WAR NO		16. SOCIAL SECURITY NO. 488-18-5264	17. INFORMANT'S SIGNATURE OR NAME WILFRED BUCKMAN ADDRESS Mexico, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage 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.		INTERVAL BETWEEN ONSET AND DEATH 11 hours 3 hours
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		
21d. TIME OF INJURY (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?		
22. I hereby certify that I attended the deceased from 11-26, 1951 , to 11-26, 1951 , that I last saw the deceased alive on _____, 19____, and that death occurred at 11:05 a.m. , from the causes and on the date stated above.				
23a. SIGNATURE F. M. Simmons (Degree or title) D.O.		23b. ADDRESS Monroe City, Mo.		23c. DATE SIGNED 11-27-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-28-1951	24c. NAME OF CEMETERY OR CREMATORY ST. JUDAS CEMETERY	24d. LOCATION (City, town, or county) (State) Monroe City Missouri	
DATE REC'D BY LOCAL REG. 11-28-51	REGISTRAR'S SIGNATURE Anna M. Bledsoe	25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SONS ADDRESS Monroe City Mo.		

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

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2881 1. 11/11/51

Date Received: NOV 30 1951
DISTRICT HEALTH OFFICE #2
District File Number 12-51-222
Date Filed: DEC 5 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 me

working under my personal supervision.

Student Embalmer No.

Signed

Robert A. Wilson

Signed.....
Student Embalmer

Licensed Embalmer No. 5014

P. O. Address Monroeville City Md

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.