

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42247

State File No. ....

FILED DEC 19 1951

BIRTH NO. .... REG. DIST. NO. 189 PRIMARY REG. DIST. NO. 5731 Registrar's No. 15

610  
1

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

1. PLACE OF DEATH a. COUNTY <u>MACON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MACON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ETHEL - White Twp</u>		c. LENGTH OF STAY (In this place) <u>58 yrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ETHEL White Twp</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 1, 0610</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route # 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GILBERT</u> b. (Middle) <u>HENRY</u> c. (Last) <u>Patliff</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 3, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 19, 1893</u>
9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	11. BIRTH PLACE (State or foreign country) <u>Ethel, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Riley Patliff</u>		13b. MOTHER'S MAIDEN NAME <u>MARtha ELLEN BAKER</u>	14. NAME OF HUSBAND OR WIFE <u>EVELYN PATLIFF</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Evelyn Patliff</u> ADDRESS <u>Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>instantaneous</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) _____		DUE TO (c) _____	
DUE TO (c) _____		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)	
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 <u>Nov 27, 1951</u> , to <u>Dec 3, 1951</u> , that I last saw the deceased alive on <u>Dec 2</u> , 1951, and that death occurred at <u>4 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Harold S. LePlate</u> (Degree or title)		23b. ADDRESS <u>La Plata Mo.</u>	23c. DATE SIGNED <u>12/4/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Dec 5, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HELTON CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Ethel Mo</u>
DATE REC'D BY LOCAL REG. <u>Dec 5, 1951</u>	REGISTRAR'S SIGNATURE <u>Daphne Houston</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Larson Funeral Service</u> ADDRESS <u>Ethel Mo</u>	

RECEIVED  
MAGON COUNTY HEALTH DEPARTMENT  
12.11.51  
GERRY FILE NO. 12.07.190  
Date Filed: 12.14.51

MS FEB 29 1960

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

*E. A. Larson*

Signed.....

Student Embalmer

Licensed Embalmer No. 4037

P. O. Address *Bucklin, 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.