

FILED FEB 13 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 927

128

2000

Registrar's No. 96-B

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Wright</u>					
b. CITY (If outside corporate limits, write BURAL and give township) <u>Springfield</u>				c. CITY (If outside corporate limits, write BURAL and give township) <u>Hartsville</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Hartsville, R.F.D. # 2 1140</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jessie Mae</u> b. (Middle) _____ c. (Last) <u>Patterson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 31 1951</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 2, 1922</u>			
9. AGE (In years last birthday) <u>29</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>27</u>		IF UNDER 2 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>Hartsville, Mo</u>		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <u>John Wilbanks</u>			13b. MOTHER'S MAIDEN NAME <u>Maudie Coday</u>			14. NAME OF HUSBAND OR WIFE <u>Jack Patterson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jack Patterson</u>		ADDRESS <u>Hartsville, Mo</u>			
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) <u>Slowly emphysema, chronic</u>				INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>	
				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.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		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>1/24/52</u> , to <u>1/31/52</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1/31/52</u> , 19 <u>51</u> , and that death occurred at <u>9:35 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>James H. Amos, M.D.</u> (Degree or title) _____				23b. ADDRESS <u>Springfield, Mo</u>		23c. DATE SIGNED <u>2/1/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>1-31-52</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>HARTVILLE, MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>2-4-52</u>		REGISTRAR'S SIGNATURE <u>James H. Amos, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene E. Halpern</u> ADDRESS <u>Hartsville, Mo</u>					

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

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1938-17

MISSOURI  
EMBALMERS ASSOCIATION

**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 \_\_\_\_\_

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

working under my personal supervision.

Signed Gene E. Aldren

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.