

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
STANDARD CERTIFICATE OF DEATH

1089

State File No.

FEB 6 1952

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4225 Registrar's No. 7

0440
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY: (If outside corporate limits, write RURAL and give township) <u>Oregon</u>		c. CITY: (If outside corporate limits, write RURAL and give township) <u>Maitland</u> <u>0440</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>5</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brown Nursing Home</u>			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) <u>1-27-1952</u>	
a. (First) <u>William</u>		b. (Middle) <u>Loren</u>	
c. (Last) <u>Patterson</u>		5. SEX <u>male</u>	
6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>11-30-1873</u>		9. AGE (in years) (last birthday) <u>78</u>	
10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <u>Farmer (retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Holt County - Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>William H. Patterson</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Cobb</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Earl Velch - Maitland - Maitland Mo.</u>	ADDRESS <u>Maitland - Maitland Mo.</u>
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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 <u>203 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma - Prostate</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 <u>177X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from Jan 15, 1952 to Jan 27, 1952, that I last saw the deceased alive on Jan 26, 1952, and that death occurred at 5 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. E. Hogan, M.D.</u>	23b. ADDRESS <u>Moundville Mo</u>	23c. DATE SIGNED <u>1-29-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-29-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>R. of P. Cemetery</u>	24d. LOCATION (City, town, and county) (State) <u>Maitland - Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1/29/52</u>	REGISTRAR'S SIGNATURE <u>J. C. Tracy by wife</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. McKittrick - Maryville</u>	ADDRESS <u>Mo.</u>
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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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

G. M. Atkinson

Licensed Embalmer No. *2379*

P. O. Address *Maryville, 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.