

FILED FEB 4 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3601

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

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 6084		Registrar's No. 23	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Blackwater twp.		c. LENGTH OF STAY (in this place) 9 years		c. CITY (If outside corporate limits, write RURAL and give township) Rural - Blackwater		0970	
d. FULL NAME OF HOSPITAL OR INSTITUTION 12 miles s.e. Marshall				d. STREET ADDRESS (If rural, give location) 12 miles s-w of Marshall			
3. NAME OF DECEASED (Type or Print) a. (First) Bettie			b. (Middle) Elizabeth			c. (Last) Patrick	
4. DATE OF DEATH (Month) (Day) (Year) January 25, 1952		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH October 22, 1856		9. AGE (In years last birthday) 95		IF UNDER 1 YEAR Months 3 Days 3		IF UNDER 24 HRS. Hours 3 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Samuel Hays Beattie		13b. MOTHER'S MAIDEN NAME Matilda C. Carpenter		14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Carol W. Stouffer Kansas City			
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) Lobar Pneumonia				2. INTERVAL BETWEEN ONSET AND DEATH 2 Days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Influenza				14 Days	
		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 480x				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 Jan 11, 1952 , to Jan 25, 1952 that I last saw the deceased alive on Jan 25, 1952 , and that death occurred at 10 P m. , from the causes and on the date stated above.							
23a. SIGNATURE John Mc. Neish M.D.				23b. ADDRESS Marshall, Mo.		23c. DATE SIGNED 1-26-52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Jan. 27, 1952		24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery		24d. LOCATION (City, town, or county) (State) Marshall, Missouri	
DATE REC'D BY LOCAL REG. January, 27, 1952		REGISTRAR'S SIGNATURE Diann T Gray		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Campbell & Lewis Marshall, Mo.			

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.

Student
Student Embalmer

Signed James H. Lewis Jr.

Licensed Embalmer No. 4709

P. O. Address Marshall, 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.