

FILED MAR 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4768

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5535 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Holt		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural Hickory Twp		c. CITY (If outside corporate limits, write RURAL and give township) Rural Hickory Twp.	
c. LENGTH OF STAY (in this place) Lifetime		d. STREET ADDRESS (If rural, give location) 8 Mile S.E. of Mound City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 Mile S.E. Mound City			

3. NAME OF DECEASED (Type or Print)	a. (First) Frederick.	b. (Middle) Dewey	c. (Last) Patterson	4. DATE OF DEATH (Month) (Day) (Year) Mar. 2, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 24, 1895	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Days	IF UNDER 1 MIN. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Patterson	13b. MOTHER'S MAIDEN NAME Effie May Elliot	14. NAME OF HUSBAND OR WIFE Mary Elizabeth Patterson
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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) NO	16. SOCIAL SECURITY NO. 497-32-3401	17. INFORMANT'S SIGNATURE OR NAME Mrs. Fred Patterson, Maitland, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 hour
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	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"/>
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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) (Minute)	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 March 3, 1952 to 3-2, 1952, that I last saw the deceased alive on 3-2, 1952 and that death occurred at 12:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. B. Perry, M.D.	23b. ADDRESS Mound City, Mo.	23c. DATE SIGNED 3-4-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/4/52	24c. NAME OF CEMETERY OR CREMATORY K. of P. Cemetery	24d. LOCATION (City, town, or county) (State) Maitland, Missouri
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DATE REC'D BY LOCAL REG. 3/4/1952	REGISTRAR'S SIGNATURE James H. Crawford 469	25. FUNERAL DIRECTOR'S SIGNATURE James H. Crawford	ADDRESS Mound City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James H. Crawford
Licensed Embalmer No. 4796

P. O. Address Round City, 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.