

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

State File No. **13811**

FILED APR 30 1952

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5938 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>Phelps.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Texas</u> b. COUNTY <u>Paris</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Doolittle - Arlington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Paris</u> R420	
c. LENGTH OF STAY (in this place) <u>2 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>c/o Camp Paris</u> 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doolittle Trailer Court</u>			

3. NAME OF DECEASED (Type or Print) <u>PATRICK</u>	a. (First)	b. (Middle)	c. (Last) <u>MACK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 15, 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>---</u>	8. DATE OF BIRTH <u>April 12, 1950</u>	9. AGE (In years last birthday) <u>2</u>	# UNDER 1 YEAR Months _____ Days _____	# UNDER 15 MIN. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (State or foreign country) <u>Fort Smith, Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John Mack</u>	13b. MOTHER'S MAIDEN NAME <u>Winnie Costello</u>	14. NAME OF HUSBAND OR WIFE <u>---</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>---</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Mack</u>	ADDRESS <u>Paris, Texas</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intercranial Hemorrhage</u>		
	ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) <u>struck by rear bumper of moving truck</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E 8120 25			

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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Trailer Court</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Doolittle Phelps Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 15, '52 4:30 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Struck by rear bumper of moving truck.</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on April 12, 1952, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter B. Savine</u> (Degree or title) <u>Sherriff, acting in absence of Coroner</u>	23b. ADDRESS <u>Rolla, Missouri</u>	23c. DATE SIGNED <u>4/17/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>April 18, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Nashville, Tennessee</u>
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DATE REC'D BY LOCAL REG. <u>Apr. 18, 1952</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u>	ADDRESS <u>Rolla, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

Date Filed 4-28-52

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 Paul E. Nulle

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.