

S. No. 300
v. 10-48

FILED MAY 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15661

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 512

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Joseph
c. LENGTH OF STAY (In this place) 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Buchanan
c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph
d. STREET ADDRESS (If rural, give location) 1015 Corby St.

3. NAME OF DECEASED (Type or Print)
a. (First) PHORELIA b. (Middle) PATTERMAN c. (Last) PATTERMAN
4. DATE OF DEATH (Month) (Day) (Year) May 8, 1952

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Mar 7, 1875 9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Easton, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Paul Siela
13b. MOTHER'S MAIDEN NAME Elizabeth Miller
14. NAME OF HUSBAND OR WIFE Joseph Patterman

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 Joseph Siela, Easton, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary edema (recurrent)
INTERVAL BETWEEN ONSET AND DEATH 30 min
ANTECEDENT CAUSES DUE TO (b) Hypertensive cardio-vascular disease
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) (several episodes of severe pulmonary edema in past 18 mos.)
II. OTHER SIGNIFICANT CONDITIONS* pulmonary edema in past 18 mos.)
Conditions contributing to the death but not related to the disease or condition causing death. Osteoarthritis knees
not known

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES NO

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) (Minute)
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 6, 1950, to Apr 3, 1952, that I last saw the deceased alive on Apr 3, 1952, and that death occurred at 5:00A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thompson E. Potter M.D.
23b. ADDRESS 731 Faraon St., City
23c. DATE SIGNED 5-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-13-52
24c. NAME OF CEMETERY OR CREMATORY St. Mary's
24d. LOCATION (City, town, or county) Buchanan County, Mo.

DATE REC'D BY LOCAL REG. May 15, 1952
REGISTRAR'S SIGNATURE Carl C. Cade
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman W. Sidenladen 1802 Union St.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Robert H. Gable

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.