

5. No. 300
10. 48

JUN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19817**

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 410 Registrar's No. 41

0210

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salisbury</u>	c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salisbury</u> <u>0210</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East Front St.</u>		d. STREET ADDRESS (If rural, give location) <u>East Front Street</u>	

3. NAME OF DECEASED (Type or Print) (First) <u>Jeanita</u>	(Middle) <u>✓</u>	(Last) <u>Patterson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-12-52</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Black</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept-25-1897</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Samuel Washington</u>	13b. MOTHER'S MAIDEN NAME <u>Nettie Stevenson</u>	13c. NAME OF HUSBAND OR WIFE <u>Riley Patterson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bobby Patterson</u>	ADDRESS <u>Salisbury 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>4 days</u> <u>2 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	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>592X</u>	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) (Min.)	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 Dec, 1951, to June 12, 1952, that I last saw the deceased alive on June 10, 1952, and that death occurred at 7:15 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>E. L. Crichom</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Salisbury Mo.</u>	23c. DATE SIGNED <u>6/13-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-14-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salisbury Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Salisbury Chariton Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-14-52</u>	REGISTRAR'S SIGNATURE <u>H. W. Houtman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. W. Winkelman</u>	ADDRESS <u>Salisbury Mo</u>
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(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 Chas B Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury 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.