

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23431

State File No.

FILED JUL 7 1952

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 84	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Vernon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Keosauqua</u>		c. LENGTH OF STAY (In this place) <u>1 m - 2 D</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u>		1082	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3</u>				d. STREET ADDRESS (If rural, give location) <u>502 W. Hunter</u>			
3. NAME OF DECEASED a. (First) <u>MARY H. PATTERSON</u>			b. (Middle) _____		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>6-8-52</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Wid</u>		8. DATE OF BIRTH <u>6-1-1872</u>	9. AGE (In years last birthday) <u>80</u>	of UNDER 1 YEAR <u>0</u> Months <u>0</u> Days	of UNDER 24 HRS. <u>0</u> Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U</u>	
13a. FATHER'S NAME <u>Rees Hill</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Price</u>		14. NAME OF HUSBAND OR WIFE <u>Widow</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital record</u> ADDRESS _____			
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							
i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Arterio Sclerotic Heart disease</u>				INTERVAL BETWEEN ONSET AND DEATH _____			
ANTECEDENT CAUSES							
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Senile deterioration</u>			
DUE TO (c) _____							
ii. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death <u>Fracture left femur</u>							
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION <u>no</u>		4200 F		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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>Home</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Nevada Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-5-52 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>Fall</u>			
22. I hereby certify that I attended the deceased from <u>5-2-1952</u> to <u>6-8-1952</u> , that I last saw the deceased alive on <u>6-8-1952</u> , and that death occurred at <u>6 a</u> m. from the causes and on the date stated above.							
23a. SIGNATURE <u>R. G. Nelson</u> (Degree or title)				23b. ADDRESS <u>Nevada Mo</u>		23c. DATE SIGNED <u>6-8-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 10 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Deerpark</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-30-52</u>		REGISTRAR'S SIGNATURE <u>Anna E. Furry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Beckman Funeral Home</u> ADDRESS <u>Nevada Mo</u>			

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 7803

P. O. Address. Carroll, 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.