V.S. No. 300
Rev. 10.48

9-4-52
FILED SEP 4 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28499
Registrar's No. 761

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028

1. PLACE OF DEATH
a. COUNTY: Jasper 0493
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 510 N. Mc Gregor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper 0493
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
d. STREET ADDRESS (If rural, give location): 510 N. Mc Gregor

3. NAME OF DECEASED (Type or Print)
a. (First): Virgil
b. (Middle): Ottis
c. (Last): Patterson

4. DATE OF DEATH (Month) (Day) (Year): Aug. 23, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 12, 1904
9. AGE (In years last birthday): 47 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Carthage Marble
11. BIRTHPLACE (City and State or Foreign Country): Greenville, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jesse Patterson
13b. MOTHER'S MAIDEN NAME: Mary Sparks
14. NAME OF HUSBAND OR WIFE: Opal Bowles Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 500-09-2291
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Opal Patterson, Carthage, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. arthritis rheumatic or osteoarthritis — 3 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
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) m.
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* 23 July, *1952*, *to* 23 Aug '52, *19*____, *that I last saw the deceased alive on* 23 Aug, *1952*, *and that death occurred at* 1155 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H G Bird M. D.
23b. ADDRESS: Carthage Mo
23c. DATE SIGNED: 25 Aug '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 26, 52
24c. NAME OF CEMETERY OR CREMATORY: Fasken Cemetery
24d. LOCATION (City, town, or county) (State): Jasper Co., Mo.

DATE REC'D BY LOCAL REG.: 8-26-52
REGISTRAR'S SIGNATURE: L B Clinton M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Ulmer Funeral Home, Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-3-52
Jasper County Health Office

County File Number 52/9/678

Date Filed 9-3-52

FEB 4 1953

VS NOV 17 1960

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 William D. Cantrell

Licensed Embalmer No. 8820

P. O. Address Carthage, 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.