

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37832

State File No. _____

DEC 4 1952

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 526

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural-Union township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Campbell, Rte. 2</u>	

3. NAME OF DECEASED a. (First) <u>MARY</u> (Type or Print)			b. (Middle) <u>ETHEL</u>		c. (Last) <u>PATRICK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 15 1952</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 10, 1906</u>		9. AGE (in years last birthday) <u>46</u>		IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 2 HRS. Days <u>5</u>	Hours <u></u>	Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u></u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Texas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Lewis Crawley</u>			13b. MOTHER'S MAIDEN NAME <u>Dora Howell</u>			14. NAME OF HUSBAND OR WIFE <u>R. M. Patrick</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>			17. INFORMANT'S SIGNATURE OR NAME <u>R. M. Patrick, Campbell, Mo.</u>			ADDRESS <u>R. 2</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</u>		ANTECEDENT CAUSES DUE TO (b) <u>Cardiac Failure</u> DUE TO (c) <u>Atrophy (Acute) Liver</u>								
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>580X</u>								

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Hepatic Atrophy (Non functioning total)</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 10-8- 1952 to 11-15- 1952, that I last saw the deceased alive on 11-15- 1952, and that death occurred at 7:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Markel M.D.</u>			23b. ADDRESS <u>Poplar Bluff Mo</u>			23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov. 18, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elder Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Campbell, Mo. R. 2</u>		

DATE REC'D BY LOCAL REG. <u>Nov. 26/1952</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home Campbell, Mo</u>			ADDRESS		
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED
DEC 2 1952
BUTLER CO. HEALTH CENTER
FILE No. 1252-571

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 Christian M. Sanders

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.