S. No. 300
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FILED NOV 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38484

State File No.

BIRTH NO. REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY OR TOWN West Plains (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Howell
c. CITY OR TOWN West Plains (If outside corporate limits, write RURAL and give township) 0460
d. STREET ADDRESS R.F.D. (If rural, give location) 8

3. NAME OF DECEASED (Type or Print) a. (First) Geo b. (Middle) Washington c. (Last) Patterson

4. DATE OF DEATH (Month) (Day) (Year) 10-17-52

5. SEX M **6. COLOR OR RACE** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) M **8. DATE OF BIRTH** 12-7-1874 **9. AGE** (In years last birthday) 77 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) Retired Hunter **10b. KIND OF BUSINESS OR INDUSTRY** ✓ **11. BIRTHPLACE** (State or foreign country) Shannon Co. Mo **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME Jno A Patterson **13b. MOTHER'S MAIDEN NAME** Mary D George **14. NAME OF HUSBAND OR WIFE** Nuella B Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No **16. SOCIAL SECURITY NO.** 494-26-2958 **17. INFORMANT'S SIGNATURE OR NAME** Mrs. G W Patterson **ADDRESS** West Plains

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) Adenocarcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
~~DUE TO~~ (b) Arteriosclerotic Heart Disease
~~DUE TO~~ (c) Senile Emphysema

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* 177X

19a. DATE OF OPERATION ? 1952 ? **19b. MAJOR FINDINGS OF OPERATION** Carcinoma of Prostate Diagnosed — **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* 16 Sept, 1952 *to* 17 Oct, 1952, *that I last saw the deceased alive on* 16 Oct, 1952, *and that death occurred at* 12:00 noon *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert H Smith (Degree or title) M.D. **23b. ADDRESS** West Plains, Mo. **23c. DATE SIGNED** 11-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Bd **24b. DATE** 10/19-52 **24c. NAME OF CEMETERY OR CREMATORY** Mundy **24d. LOCATION** (City, town, or county) Mundy Mo (State)

DATE REC'D BY LOCAL REG. 11-14-52 **REGISTRAR'S SIGNATURE** Beatrice Cook **25. FUNERAL DIRECTOR'S SIGNATURE** Roberts **ADDRESS** West Plains Mo

(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 L. D. Roberts

Licensed Embalmer No. 3437

P. O. Address Lewis Run

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.