

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Sharer
State File No. **42144**

FILED DEC 20 1952

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. H 231 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Howell</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain View</u>		c. LENGTH OF STAY (In this place) <u>10 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Birch Tree</u>		<u>1010</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General hospital</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ellen</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Patterson</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 15-1952</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 3</u>		8. DATE OF BIRTH <u>Nov 4-1905</u>		9. AGE (In years last birthday) Months Days <u>47 1 11</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		11. BIRTHPLACE (City and State or Foreign Country) <u>Tennessee</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James Kelley</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Derrick</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Richard Smith</u>		ADDRESS <u>3401 Paseo Kansas City, Mo</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of uterus & appendages</u> 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.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>774X</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 <u>9/17, 1952</u> to <u>12/15, 1952</u> , that I last saw the deceased alive on <u>12/15, 1952</u> , and that death occurred at <u>9 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>James R. Shaffer D.D.</u>			23b. ADDRESS <u>Intw. View mo.</u>		23c. DATE SIGNED <u>12/18/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-17-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Montier</u>	
24d. LOCATION (City, town, or county) (State) <u>Montier, Mo.</u>		DATE REC'D BY LOCAL REG. <u>12-18-52</u>		REGISTRAR'S SIGNATURE <u>Laura Guitell</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Duncan Funeral Home</u>		ADDRESS <u>Mtn View, Mo/</u>			

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

0460

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.

Signed Joe R. Duman

Licensed Embalmer No. 4325

P. O. Address Sp. View, Mo.

Student
Student Embalmer

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.