

FILED FEB 26 1953

STANDARD CERTIFICATE OF DEATH

578 State File No. **RECEIVED**  
 COUNTY CLERK  
 Registrar's No. **155**

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased resided prior to residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>					
b. CITY OR TOWN <u>Duenweg</u>		c. LENGTH OF STAY (In this place) <u>1 year</u>		c. CITY OR TOWN <u>Duenweg</u>		d. STREET ADDRESS (If rural, give location) <u>529 Swin Street</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>529 Swin Street</u>				d. STREET ADDRESS (If rural, give location) <u>529 Swin Street</u>					
3. NAME OF DECEASED (Type or Print) <u>James Edward Patterson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-7-1953</u>						
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>6-13-1890</u>			
9. AGE (In years last birthday) <u>62</u>		10. IF UNDER 1 YEAR Months _____ Days _____		10. IF UNDER 24 HRS. Hours _____ Mins. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Common Labor</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Learner, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>James Edward Patterson</u>			13b. MOTHER'S MAIDEN NAME <u>Marie Meggsow</u>		14. NAME OF HUSBAND OR WIFE <u>Lillie Patterson Duenweg, Mo.</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>Yes 10-W-#1</u>			16. SOCIAL SECURITY NO. <u>511-03-3605</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lillie Patterson</u> ADDRESS <u>529 Swin St. Duenweg, 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>Chronic Myocarditis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>4222</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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>6-29</u> , 19 <u>51</u> , to _____, 19____, that I last saw the deceased alive on <u>11-19</u> , 19 <u>52</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>[Address]</u>		23c. DATE SIGNED <u>2-7-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-10-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Duenweg, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2/19/53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>[Address]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>[Address]</u>					

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

0499

RECEIVED 2-24-53  
Jasper County Health Office

County File Number 527/100

Date Filed 2-25-53

MAR 6 1953

MAR 5 1953

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 David Bellon

Licensed Embalmer No. 2898

P. O. Address Joplin, 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.