

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38560

State File No. ....

FILED NOV 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5292 Registrar's No. 77

6000

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

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Rural Platte Township</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Platte Township</b> <i>6000</i>	
c. LENGTH OF STAY (in this place) <b>30 yr</b>		d. STREET ADDRESS (If rural, give location) <b>6 Miles No. East of Smithville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>	b. (Middle) <b>Harrison</b>	c. (Last) <b>Patrick</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 13, 1953</b>
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5. SEX <b>Ma</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 3, 1879</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>10</b>	IF UNDER 24 HRS. Hours <b>10</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Barber Shop</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>James A. Patrick</b>	13b. MOTHER'S MAIDEN NAME <b>Mildred Vaughn</b>	14. NAME OF HUSBAND OR WIFE <b>Lucy Patrick</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>523-26-4304</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lucy Patrick</b>	ADDRESS <b>Smithville, Mo. Rt 2</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b> <b>10 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 11-2-1953 to 11-13-1953, that I last saw the deceased alive on 11-12-1953, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Clayde M. Smith</b>	(Degree or title) <b>D. of P. Fabius Mo.</b>	23b. ADDRESS	23c. DATE SIGNED <b>11-15-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-15-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Paradise Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Clay County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>11-16-53</b>	REGISTRAR'S SIGNATURE <b>Marguerite Hudgens</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>4946</b>	ADDRESS <b>McComas Funeral Home Smithville, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

NOV 23 195

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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 Donald W. Hanks .....

Licensed Embalmer No. 45-28 .....

P. O. Address Smithville, Missouri .....

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.