

THE DIVISION OF HEALTH OF MISSOURI  
 FILED MAR 22 1954 STANDARD CERTIFICATE OF DEATH

State File No. **7961**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 172

1. PLACE OF DEATH a. COUNTY <u>Cape</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fornfelt</u>	
c. LENGTH OF STAY (in this place) <u>1 hr.</u>		d. STREET ADDRESS (If rural, give location) ----- <u>1000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Frances Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Elizabeth</u>	c. (Last) <u>Patterson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 10, 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 17, 1875</u>	9. AGE (in years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>23</u>	IF UNDER 12 HRS. Hours <u>---</u> Min. <u>---</u>
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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 (State or foreign country) <u>Alexander, Minnesota</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Issac Melvin Taylor</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah MacFadden</u>	14. NAME OF HUSBAND OR WIFE <u>Samuel L. Patterson</u>
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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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. L.S. Olson</u>	ADDRESS <u>Illmo, Missouri</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery disease</u>		
	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) <u>4201</u>
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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 10 Feb, 1954, to 10 Feb, 1954, that I last saw the deceased alive on 10 Feb, 1954, and that death occurred at 9 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. A. Wiley, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Cape Girardeau, Mo</u>	23c. DATE SIGNED <u>12 March 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 13, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lightner Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Illmo Scott, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-15-54</u>	REGISTRAR'S SIGNATURE <u>Lo. Summers</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>Jack J. Burnett</u>	ADDRESS <u>Biglinhoff General Home</u>
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(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

*Jack I. Burnett*

Licensed Embalmer No.

*4473*

P. O. Address

*Chaffee, Miss*

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.