

FILED APR 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13076

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3029 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE		c. CITY OR TOWN BONNETERRE	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION BONNE TERRE HOSPITAL		e. STREET ADDRESS (If rural, give location) ROUTE 1	

3. NAME OF DECEASED a. (First) WILLIAM b. (Middle) BRIEES c. (Last) PATT		4. DATE OF DEATH (Month) (Day) (Year) APRIL 12 1954	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 11 1866
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY ✓	9. AGE (In years last birthday) 87 if UNDER 1 YEAR Months 7 Days 2 if UNDER 12 HRS. Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) BONNE TERRE MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13. FATHER'S NAME CHRISTIAN PATT.		13b. MOTHER'S MAIDEN NAME ANNIE MURRILL		14. NAME OF HUSBAND OR WIFE LAURA BELLE PATT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LAURA BELLE PATT. R-1 BONNE TERRE	

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) Cardiac Decomposition		INTERVAL BETWEEN ONSET AND DEATH 6 wks	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerotic Cardiovascular Disease		DUE TO (c) Unknown	
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 4221	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **April 11 1954** to **April 12 1954**, that I last saw the deceased alive on **April 12 1954**, and that death occurred at **12:10 P.M.** from the causes and on the date stated above.

23a. SIGNATURE J. L. Foster (Degree or title) MD	23b. ADDRESS Wesley Mo	23c. DATE SIGNED 4-14-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL 14 1954	24c. NAME OF CEMETERY OR CREMATORY MARVIN CHAPEL	24d. LOCATION (City, town, or county) (State) R-1 BONNE TERRE MO
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DATE REC'D BY LOCAL REG. Apr. 14 1954	REGISTRAR'S SIGNATURE 284-C Esther Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Benham Pauls Bonne Terre Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

44

MAY 4 1950

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.....
Signature of Student Embalmer

Signed *G. J. Laywell*

Licensed Embalmer No. *570*

P. O. Address *Barnesville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.