No. 300
10-48

FILED AUG 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26458

State File No.

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5167 Registrar's No. 253

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Liberty Twp.
c. LENGTH OF STAY (In this place) 62yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) RFD Auxvasse

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Callaway
c. CITY OR TOWN Liberty Twp.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) RFD Auxvasse

01140

3. NAME OF DECEASED (Type or Print)
a. (First) Osie
b. (Middle) Lee
c. (Last) Patterson

4. DATE OF DEATH (Month) Aug. (Day) 28 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 31, 1891
9. AGE (In years last birthday) 62 — If under 1 year: Months, Days — If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and State or Foreign Country) Callaway County Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME L.C.Reed
13b. MOTHER'S MAIDEN NAME Nancy Selby
14. NAME OF HUSBAND OR WIFE Melvin Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT'S SIGNATURE OR NAME Melvin Patterson **ADDRESS** RFD Auxvasse Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cancer of Ovary. — 10 years
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 1944
19b. MAJOR FINDINGS OF OPERATION Cancer of Ovary. 175 X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1949, 19__, *to* Aug 28, 1954, *that I last saw the deceased alive on* Aug 28, 1954, *and that death occurred at* 3:40 *m., from the causes and on the date stated above.*

23a. SIGNATURE James C Cole **(Degree or title)** MD **23b. ADDRESS** Columbia Mo **23c. DATE SIGNED** Aug 28 54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 30, 1954
24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove
24d. LOCATION (City, town, or county) Hatton (State) Missouri.

DATE REC'D BY LOCAL REGIST. Aug 28-1954 — REGISTRAR'S SIGNATURE Maretta Lawrence 426-d
25. FUNERAL DIRECTOR'S SIGNATURE Mangin Funeral Home **ADDRESS** Fulton Mo

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 372

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.