

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26688**

FILED SEP 7 1954

BIRTH NO. _____ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **4154** Registrar's No. **5472**

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenfield		c. LENGTH OF STAY (in this place) 43 yrs.	c. CITY OR TOWN Greenfield
d. FULL NAME OF HOSPITAL OR INSTITUTION 206 E. Water St.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) 206 E. Water St. 0290	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Ramsey c. (Last) Patterson			4. DATE OF DEATH (Month) (Day) (Year) Sept. 2, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Mar. 31, 1876		9. AGE (In years last birthday) 78		10. IF UNDER 1 YEAR: Days 5 Hours 1 Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Piano & Organ Tuner		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and State or Foreign Country) Dade Co., Missouri	
				12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME John A. Patterson		13b. MOTHER'S MAIDEN NAME Mary Bennington		14. NAME OF HUSBAND OR WIFE Effie Susan Patterson	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Effie S. Patterson; Greenfield, Mo.	
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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, asthemia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic Coma		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) diabetis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c)		
	11. 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) 260X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **8-15**, 19**54**, to **9-2**, 19**54**, that I last saw the deceased alive on **9-2**, 19**54**, and that death occurred at **9:05 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. O. Cowan M.D.	23b. ADDRESS Greenfield, Mo.	23c. DATE SIGNED 9-4-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 5, 1954	24c. NAME OF CEMETERY OR CREMATORY Sinking Creek Cem.	24d. LOCATION (City, town, or county) (State) Dade County, Mo.
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DATE REC'D BY LOCAL REG. 9-5-54	REGISTRAR'S SIGNATURE J. C. Canada 478	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. C. Canada, Greenfield, Mo.
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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.....
Signature of Student Embalmer

Signed.....

J. C. Canada

Licensed Embalmer No. *419*

P. O. Address *Greenfield*

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