

FILED AUG 24 1954

STANDARD CERTIFICATE OF DEATH

State File No. 26695

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

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5350 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - Lincoln</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>	
c. LENGTH OF STAY (In this place) <u>134RS</u>		d. STREET ADDRESS (If rural, give location) <u>0300</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>(VMI)</u> c. (Last) <u>Patterson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-5-1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>8-4-1879</u>
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Molene Kansas</u>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			
13a. FATHER'S NAME <u>Andrew J. Patterson</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Calhoun</u>	
13c. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>Alice G. Patterson</u>	
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.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Alice Patterson</u>		ADDRESS <u>Urbana Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremic poisoning</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-vascular weakness</u> DUE TO (c) <u>Senility</u> 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 <u>442x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>E</u>			
22. I hereby certify that I attended the deceased from <u>Aug 26, 1954</u> , to <u>Aug 5, 1954</u> , that I last saw the deceased alive on <u>July 26, 1954</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>A. W. Vaughan</u>		23b. ADDRESS <u>Urbana Mo</u>	
23c. DATE SIGNED <u>8/6/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-7-1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Buffalo, MO</u>	
DATE REC'D BY LOCAL REG. <u>8/23/54</u>		REGISTRAR'S SIGNATURE <u>Miss Grace Petree</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen W. Vaughan</u>		ADDRESS <u>Urbana, Mo</u>	

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.

Signed Allen W. Vaughan

Signed _____
Student Embalmer

Licensed Embalmer No. 4156

P. O. Address Urbana, Mo

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.