

FILED AUG 31 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28708

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 259

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u>		c. CITY OR TOWN <u>Farmington Mo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Bonne Terre Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Sta Genevieve Ave</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lyda</u> b. (Middle) <u>Patterson</u> c. (Last) <u>Patterson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 26 1954</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH- <u>Feb 9 1892</u>	9. AGE (In years) (last birthday) <u>62</u>	10. MONTHS <u>6</u> 11. DAYS <u>17</u> 12. HOURS <u>17</u> 13. MIN. <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>saleslady</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Louisiana Missouri</u>	
13a. FATHER'S NAME <u>James A Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Sapp</u>		14. NAME OF HUSBAND OR WIFE <u>Chan Patterson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>494-10-4221</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Chan Patterson Farmington 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>Pulmonary Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of endometrium with generalized metastases</u> DUE TO (c) <u>172 X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>10 months</u>

19a. DATE OF OPERATION <u>5-24-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of endometrium with generalized metastases</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)		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 5-10 1954 to 8-26 1954, that I last saw the deceased alive on 8-25 1954, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>George L. Withers M.D.</u> (Degree or title)		23b. ADDRESS <u>Farmington Mo</u>		23c. DATE SIGNED <u>8-27-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>August 28 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chestnut Rd near Farmington Mo</u>	
24d. LOCATION (City, town, or county) (State) <u>near Farmington Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cozean Farmington Missouri</u> ADDRESS			

DATE REC'D BY LOCAL REG. <u>Aug 28 1954</u>		REGISTRAR'S SIGNATURE <u>Esther Rudolph</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cozean Farmington Missouri</u> ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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OCT 23 1954

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.....
W. Cozear

Licensed Embalmer No.....*40*

P. O. Address.....*Farmington*

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.