

FILED NOV 5 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34698

BIRTH NO.		REG. DIST. NO. 937		PRIMARY REG. DIST. NO. 4353		Registrar's No. 12				
1. PLACE OF DEATH a. COUNTY New Madrid				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY New Madrid		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gideon		c. LENGTH OF STAY (in this place) 1 yr		c. CITY OR TOWN Gideon		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 None				e. STREET ADDRESS (If rural, give location) No st. name P.O. Box 848- House not numbered						
3. NAME OF DECEASED (Type or Print) OLIVER			a. (First)		b. (Middle) STREET		c. (Last) PATTERSON			
4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 29 1954		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 23, 1892		
9. AGE (in years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Guntersville, Alabama		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME James Patterson			13b. MOTHER'S MAIDEN NAME Julia Mosely			14. NAME OF HUSBAND OR WIFE Pearl Braswell Patterson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. not available		17. INFORMANT'S SIGNATURE OR NAME Mrs. Pearl Patterson- Gideon, Mo					ADDRESS	
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 2 days		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) arteriosclerosis						
				DUE TO (c) Diabetes mellitus						
		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 260 X						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 3/11, 1952 to Oct 29, 1954, that I last saw the deceased alive on Oct 28, 1954, and that death occurred at 7:48 P.M., from the causes and on the date stated above.										
23a. SIGNATURE J. S. Hopkins, M.D.				(Degree or title)		23b. ADDRESS Gideon, Mo		23c. DATE SIGNED 10/30/54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 31, 1954		24c. NAME OF CEMETERY OR CREMATORY Braswell Cemetery		24d. LOCATION (City, town, or county) (State) Pottageville-Pemiscot-Mo				
DATE REC'D BY LOCAL REG. 10-30-54		REGISTRAR'S SIGNATURE Mrs F. S. Hopkins		455-1		25. FUNERAL DIRECTOR'S SIGNATURE H. S. Smith		ADDRESS Funeral Home		

(Licensed Embalmer's Statement on Reverse Side) Caruthersville, Mo

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 *W. Denver Pike*.....

Licensed Embalmer No. *4484*

P. O. Address *Caruthers*.....

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.