

FILED DEC 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37083

State File No.

BIRTH NO. 85299-54 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1059-B

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO		b. COUNTY WRIGHT	
b. CITY (If outside corporate limits, write RURAL and give town) Springfield		c. LENGTH OF STAY (In this place) 1140		c. CITY OR TOWN Hartsville, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) Philip b. (Middle) Nolan c. (Last) Patterson			4. DATE OF DEATH (Month) (Day) (Year) November 20 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED Never Married	8. DATE OF BIRTH 11-13-54	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri (Wright County)	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Lyda Grace Patterson	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Lyda Grace Patterson, Hartsville, Mo		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Congestive Heart Failure		19. INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUCE TO (b) Congenital Heart Disease		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
DUCE TO (c)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21a. DATE OF OPERATION		21b. MAJOR FINDINGS OF OPERATION 7544		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 11-20 , 19 54 , to 11-20 , 19 54 , that I last saw the deceased alive on 11-20 , 19 54 , and that death occurred at 10:15 PM. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Paul Busick M.D.		23b. ADDRESS Springfield, Mo		23c. DATE SIGNED 11/23/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11/23/54		24c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL	
24d. LOCATION (City, town, or county) (State) HARTVILLE MO		25. FUNERAL DIRECTOR'S SIGNATURE John S. Logan		ADDRESS Hartsville	
DATE REC'D BY LOCAL REG. 11-29-54		REGISTRAR'S SIGNATURE Carroll Williamson		(Licensed Embalmer's Statement on Reverse Side)	

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

7-1-1900

10/10/1900

10/10/1900

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..... Harry Lysek

Licensed Embalmer No. 459

P. O. Address. Springfield

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.