

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39963**

FILED DEC 8 1954

| | | | | | | | | |
|---|--|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>369</u> | | PRIMARY REG. DIST. NO. <u>6257</u> | | Registrar's No. <u>2</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Wayne</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Patterson</u> | | c. LENGTH OF STAY (In this place) <u>25 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Patterson (Logan)</u> | | 1110 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) <u>0</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ferdinand</u> b. (Middle) <u>Kennet</u> c. (Last) <u>Center</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 1, 1954</u> | | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>March 5, 1859</u> | | |
| 9. AGE (In years last birthday) <u>95</u> | | IF UNDER 1 YEAR Months <u>8</u> Days <u>26</u> | | IF UNDER 1 YEAR Hours _____ Mins. _____ | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic & Carpenter</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Washington County, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>William Center</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Adeline Loer</u> | | 14. NAME OF HUSBAND OR WIFE <u>Lucy Campbell Center</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 ADDRESS <u>Mrs. Woot Keathley Patterson, Mo</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic pyelonephritis & arteriosclerosis</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | 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 | | | | | | |
| 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) | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 <u>12-1-1953</u> to <u>12-1-1954</u> that I last saw the deceased alive on <u>12-1-1954</u> , and that death occurred at <u>6:30 pm.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Dr. James M. D.</u> | | | | 23b. ADDRESS <u>Riedmont Mo</u> | | 23c. DATE SIGNED <u>12-3-54</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Dec 4, 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>McHenry Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Ester, Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>Dec 3, 1954</u> | | REGISTRAR'S SIGNATURE <u>Hazel Nash</u> | | 495 - 25. FUNERAL DIRECTOR'S SIGNATURE <u>William Cook</u> | | ADDRESS <u>Riedmont, Mo.</u> | | |

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

RECEIVED

DEC 6 1954

WAYNE CO. HEALTH CENTER

FILE No. _____

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 _____

Coder Funeral Home

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, Missouri

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.