

FILED JAN 10. 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40312

State File No.

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5176 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Auglaize twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Auglaize twp</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Rural Auglaize twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>about 8 mi N of Stoulland Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALWESTER</u>		b. (Middle) <u>V</u>	
		c. (Last) <u>PATRICK</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 29 1954</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 31. 1877</u>
9. AGE (In years last birthday) <u>77</u>		10. IF UNDER 1 YEAR (Months) (Days) (Min.) <u>8 28</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Watermill Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William H Patrick</u>		13b. MOTHER'S MAIDEN NAME <u>Mullie Reedy</u>	
14. NAME OF HUSBAND OR WIFE <u>Lillian Patrick</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. W. O. Patrick</u>		ADDRESS <u>Stoulland Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>homicide</u>			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>died without medical attention</u>			INTERVAL BETWEEN ONSET AND DEATH <u>90 days</u>
ANTECEDENT CAUSES <u>probably pneumonia from what</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>He was a diabetic & many years</u>			
DUE TO (b) <u>this was basal</u>			
DUE TO (c) <u>chertan</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE <u>homicide</u> (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Auglaize twp Rural Camden Mo</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Camden Mo</u>			
21d. TIME OF INJURY <u>none</u> (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>none</u>			
22. I hereby certify that I, attended the deceased from <u>death</u> at <u>Stoulland Mo</u> on <u>Dec 29</u> , 19 <u>54</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. E. Eastman M.D.</u>		23b. ADDRESS <u>Stoulland Mo</u>	
23c. DATE SIGNED <u>Dec 30 54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 31, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hillhouse Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Camden Co. MO</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 2 1954</u>		REGISTRAR'S SIGNATURE <u>Alphonse J. Traut</u> <u>425</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Virgil Evans</u>		ADDRESS <u>Stoulland Mo</u>	

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.....

Myself

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Ossey M Howe*

Licensed Embalmer No. *4222*

P. O. Address *Lebanon 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.