

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3792

State File No. ....

FILED MAR 11 1955

BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>3017</u> Registrar's No. <u>221</u>	
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural 2 ml west</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Rural 2 ml west</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SAVANNAH</u>			STREET ADDRESS (If rural, give location) <u>SAVANNAH 0020</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Russell</u> b. (Middle) <u>HALL</u> c. (Last) <u>patterson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>B- 2-1955</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>09-19-1909</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 1 YEAR Hours _____ Min. _____	IF UNDER 4 WRS. Hours _____ Min. _____	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 _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Andrew Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Warner Patterson</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Melton</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>ms Florence Patterson Savannah</u> ADDRESS <u>no</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suffocation</u>  ANTECEDENT CAUSES DUE TO (b) <u>Strangulation</u> DUE TO (c) <u>Hanging by the neck with rope</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>3 minutes</u>  "  "
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm barn</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Nodaway township, Andrew, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 2, 1955 6:45 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Hang himself with rope in hay row.</u>			
22. I hereby certify that I attended the deceased from <u>March 1, 1955 to June 9, 1955</u> , that I last saw the deceased alive on <u>June 9, 1955</u> , and that death occurred at <u>6:45 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>W.B. Maxwell, D.O., Coroner</u>			23b. ADDRESS <u>307 W. Main, Savannah Mo</u>		23c. DATE SIGNED <u>3/6/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-4-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SAVANNAH</u>	24d. LOCATION (City, town, or county) (State) <u>SAVANNAH MO</u>		
DATE REC'D BY LOCAL REG. <u>3-4-55</u>	REGISTRAR'S SIGNATURE <u>L. Olan Sparks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Breit Funeral Home</u>	ADDRESS <u>SAVANNAH MO</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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MAR 9 1951

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 *E. C. Breit* .....

Licensed Embalmer No. *265*

P. O. Address *Savannah*

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.