

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9194**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO **295** PRIMARY REG. DIST. NO **6016** Registrar's No. **122**

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Yates Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Yates Mo.</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Julia</b>	b. (Middle)	c. (Last) <b>Patterson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 22 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Mar. 4 1864</b>	9. AGE (In years last birthday) <b>91</b>	IF UNDER 1 YEAR Months   Days	IF UNDER 24 HRS. Hours   Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Chariton Co. 0</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>David Blake</b>	13b. MOTHER'S MAIDEN NAME <b>Matilda Butner</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Clarence Cabbage</b>	ADDRESS <b>Yates Mo</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medullary Paralysis</b>		<b>2-2 hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Thrombotic Encephalomalacia with cerebral hemorrhage</b> DUE TO (c) <b>Arteriosclerosis</b>		<b>48 hrs</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>unknown</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>332 X</b>
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21d. TIME OF INJURY (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?
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22. I hereby certify that I attended the deceased from **March 21, 1955**, to **March 22, 1955**, that I last saw the deceased alive on **March 22, 1955**, and that death occurred at **4 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Per Y. Brobinson, D.O.</b>	23b. ADDRESS <b>Higbee Mo.</b>	23c. DATE SIGNED <b>March 23, 55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Mar 23 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Roanoke Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Roanoke Mo</b>
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DATE REC'D BY LOCAL REG. <b>3-28-55</b>	REGISTRAR'S SIGNATURE <b>Mary H. Bentley</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Burton Funeral Home</b>	ADDRESS <b>Higbee Mo</b>
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(Licensed Embalmers' Statements on Reverse Side)

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 .....

Student Embalmer

Signed

*E. H. Triemont*

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.