

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28896

State File No. _____

FILED SEP 20 1955

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5043 Registrar's No. 72

0050

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

1. PLACE OF DEATH a. COUNTY <u>BARRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>BARRY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-SUGAR CREEK</u> c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY OR TOWN <u>Seligman</u> d. In 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>4 mi. S-W of Seligman</u>		e. STREET ADDRESS (If rural, give location) <u>Rt 1. Seligman</u> 0050	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Viola</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>PATTERSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 12 1955</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>9-4-1899</u>
9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Howell Co Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13a. FATHER'S NAME <u>Toje Shellmar</u>		13b. MOTHER'S MAIDEN NAME <u>DAVIS</u>	14. NAME OF HUSBAND OR WIFE <u>W.C. PATTERSON</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. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W.C. Patterson - Seligman Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerotic Cardiovascular Disease</u>		<u>2 years</u>	
DUE TO (c) <u>Chronic Nephritis</u>		<u>Unknown</u>	
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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>592 X</u>	
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)			
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 <u>Feb. 4, 1955</u> , to <u>Sept. 12, 1955</u> , that I last saw the deceased alive on <u>Sept. 8, 1955</u> , and that death occurred at <u>7 9</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W.C. Edwards M.D.</u>		23b. ADDRESS <u>Rogers, Arkansas</u>	
23c. DATE SIGNED <u>9-13-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-14-1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>ROLLER CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>GATEWAY Ark.</u>	
DATE REC'D BY LOCAL REG. <u>9-15-55</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mary Mc Donald Reg. 10-0 Davis, William Cassine, Mo.</u>	

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 955-333

DATE REC. 9-17-55

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Dyle E. Williamson

Licensed Embalmer No. 480

P. O. Address Cassville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.