

FILED OCT 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29352

BIRTH NO. _____ REG. DIST. NO. 16 PRIMARY REG. DIST. NO. 5353 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Dallas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jackson		c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) Red Tap, Mo. 2300	
d. FULL NAME OF HOSPITAL OR INSTITUTION Red Tap, Mo.			

3. NAME OF DECEASED (Type or Print)	a. (First) Edna	b. (Middle) L.	c. (Last) Patterson	4. DATE OF DEATH (Month) (Day) (Year) Sept. 29, 1955
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 3, 1894	9. AGE (In years last birthday) 60	9. AGE (In years last birthday) Months 9	9. AGE (In years last birthday) Days 26	IF UNDER 1 YEAR	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Greene County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Thomas H. Patterson
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thomas H. Patterson Red Tap, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis	ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b)		
	DUE TO (c) 4201		
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 9-29, 1955, to 9-29, 1955, that I last saw the deceased alive on 9-29, 1955, and that death occurred at 2 P.M., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) D.O. Hammann M.D.	23b. ADDRESS 9 Buffalo Mo.	23c. DATE SIGNED 9-30-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-2-55	24c. NAME OF CEMETERY OR CREMATORY Union Grove	24d. LOCATION (City, town, or county) (State) Greene County, Mo.
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DATE REC'D BY LOCAL REG 10/8/55	REGISTRAR'S SIGNATURE Grace Petree 80	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2 Nat'l Home Buffalo, Mo.
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(If signed, Registrar's Statement 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.....
Signature of Student Embalmer

Signed *Levy de Montgomery*.....

Licensed Embalmer No. *359*.....

P. O. Address *Buffalo,*.....

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.