FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4096

State File No.

BIRTH NO. REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 41b Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY: Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salisbury
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 411 East Front St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Chariton
c. CITY OR TOWN: Salisbury
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 411 East Front Street

3. NAME OF DECEASED (Type or Print)
a. (First): Riley
b. (Middle): –
c. (Last): Patterson

4. DATE OF DEATH (Month) (Day) (Year): March 4 1956

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan 26 - 1889
9. AGE (In years last birthday): 67 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Light Tender
10b. KIND OF BUSINESS OR INDUSTRY: Wabash Railroad
11. BIRTHPLACE (City and State or Foreign Country): Salisbury Missouri
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Bully Patterson
13b. MOTHER'S MAIDEN NAME: Mary Ewing
14. NAME OF HUSBAND OR WIFE: Anna Page Patterson
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.: 702-05-6986
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Riley Patterson
ADDRESS: Salisbury Mo

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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — ?
DUE TO (c)

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: – 331x
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 3, 1956 *to* March 4, 1956, *that I last saw the deceased alive on* March 3, 1956 *and that death occurred at* 11:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. L. Hamm - MD
23b. ADDRESS: Salisbury Mo
23c. DATE SIGNED: 3/5/56

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 3-7-1956
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): Salisbury Missouri

DATE REC'D BY LOCAL REG.: 3-5-56
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE: Chas B Winkelmeyer
ADDRESS: Salisbury, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAR 3 1958

MAR 22 1958

JUN 2 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, ~~or by~~....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chas B. Winkelm

Licensed Embalmer No. 38

P. O. Address Salisbury

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