

FILED JUN 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH21230
State File No.BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3044 Registrar's No. 214

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>ELDON</u>		c. CITY OR TOWN <u>KANSAS-CITY</u>	
c. LENGTH OF STAY (in this place) <u>4 hrs</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EAST-NORTH-ST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EAST-NORTH-ST</u>		e. STREET ADDRESS (If rural, give location) <u>2624 CYPRESS</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARDIN</u>	b. (Middle) <u>RAY</u>	c. (Last) <u>PATTERSON</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>June - 6 1952</u>

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>1 Dec 1913</u>	9. AGE (in years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
			<u>42</u>	<u>42</u>		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCK DRIVER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Camden - Co - Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	--	---

13a. FATHER'S NAME <u>Arthur - Patterson</u>	13b. MOTHER'S MAIDEN NAME <u>FANNIE BLEASER</u>	14. NAME OF HUSBAND OR WIFE <u>Bettie - Patterson</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	(If yes, give war or dates of service) <u>WW II</u>	16. SOCIAL SECURITY NO. <u>499-16-1095</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Willard Patterson</u>	ADDRESS <u>ELDON MO</u>
--	---	--	--	-------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 MIN.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHEST WOUND</u>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>GUN SHOT</u>		
	DUE TO (c)		

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	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>976x</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>ELDON Miller MO.</u>
---	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-6-56 8:12 P.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>410 SHOT GUN</u>
---	---	--

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. S. Humphrey D.O. Coronar</u>	(Degree or title)	23b. ADDRESS <u>Tusculumbia - Mo</u>	23c. DATE SIGNED <u>7 June 1952</u>
---	-------------------	--------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9 June 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CONWAY</u>	24d. LOCATION (City, town, or county) (State) <u>CAMDEN - CO - MO</u>
---	------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>June 8, 1956</u>	REGISTRAR'S SIGNATURE <u>Alvina W. Walters</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McKays</u>	ADDRESS <u>ELDON</u>
--	--	--	----------------------

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

10.48

3

192

RECEIVED

JUN 7 1956

County
Department

JUN 19 1956

JUN 25 1956

JUL 5 1956

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 *Keith M. Kays*
Licensed Embalmer No. *379*

P. O. Address *E. Eldon*

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.