

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30433

State File No.

BIRTH NO.		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>842-A</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Greene</u>				a. STATE <u>Missouri</u>		b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>		c. CITY OR TOWN <u>Miller</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>				F. STREET ADDRESS (If rural, give location) <u>05501</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Jim</u>		b. (Middle) <u>W.</u>		c. (Last) <u>Patterson</u>	
4. DATE OF DEATH		(Month) <u>9</u>		(Day) <u>14</u>		(Year) <u>1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3-28-1886</u>	
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR <u>5</u> MONTHS <u>17</u> DAYS		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wade Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u></u>	
13a. FATHER'S NAME <u>Andrew James Patterson</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Armstrong</u>		14. NAME OF HUSBAND OR WIFE <u>Charles L. Patterson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Patterson</u>		ADDRESS <u>Miller Mo.</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>				7-day	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Generalized Arteriosclerosis</u>					
		DUE TO (c) <u>Parkinson's Disease</u>				several yrs	
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"/>	
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) (Min.)		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>Sep 9</u> , 19 <u>56</u> , to <u>Sep 14</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Sep 9</u> , 19 <u>56</u> , and that death occurred at <u>9:20 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. E. [Signature]</u>		(Degree or title)		23b. ADDRESS <u>609 Cherry Springfield, Missouri</u>		23c. DATE SIGNED <u>9-27-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-17-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Red Oak</u>		24d. LOCATION (City, town, or county) (State) <u>W. of Miller Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-28-56</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Monroe Seiman</u>		ADDRESS <u>Miller Mo.</u>	

(Licensed Embalmer'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..... *E. R. Leiman*

Licensed Embalmer No..... *3227*

P. O. Address..... *Miller T.*

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.