

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED DEC 4 - 1956

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 164

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ALBA - MINERAL Twp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ALBA	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ALBA		Length of stay in 1b 12 YRS		d. STREET ADDRESS (If outside, give location) 490	
3. NAME OF DECEASED (Type or print) First MARY Middle FRANCES Last PATRICK		4. DATE OF DEATH Month 11 Day 26 Year 1956			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-20-1880	9. AGE (In years last birthday) 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and state or country) MARIES CO MISSOURI	
13. FATHER'S NAME GILBERT CRISON		14. MOTHER'S MAIDEN NAME No DATA			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Address MRS LAWRENCE ROSE ALBA, MO	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Periodic Cerebral Thromboses DUE TO (b) Cerebral Atherosclerosis DUE TO (c) 382.X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 2 1/2 mos
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 9-10-56 to 11-26-56 and last saw her alive on 11-26-56. Death occurred at 7:55 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Walter H. Berry D.D.</i>		22b. ADDRESS Wolf City, Mo		22c. DATE SIGNED 11-29-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11-29-1956		23c. NAME OF CEMETERY OR CREMATORY FRIENDS CEMETERY	
23d. LOCATION (City, town, or county) PURCELL		23e. STATE MO			
24. FUNERAL DIRECTOR ADDRESS HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO		25. DATE RECD. BY LOCAL REG. 11-29-56		26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

County File
Filed

DEC 11 1958

56-12-963

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 *Richard Gray Lewis*

Licensed Embalmer No. *44*

P. O. Address *Webb*

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.