

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12484

STATE FILE NUMBER

FILED APR 17 1957

Registration District No. 69 Primary Registration District No. 5273 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <b>Christian</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Christian</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Porter Township</b>		c. CITY OR TOWN <b>Nixa, R. F. D.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b>		d. STREET ADDRESS (If outside, give location) <b>5 Miles Southwest</b>	
Length of stay in 1b <b>33 Years</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First <b>NOLA</b>	Middle <b>IRENE</b>	Last <b>PATRICK</b>	4. DATE OF DEATH	Month <b>April</b>	Day <b>3</b>	Year <b>1957</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 18, 1923</b>	9. AGE (In years last birthday) <b>33</b>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>	11. BIRTHPLACE (City and state or country) <b>Nixa, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13. FATHER'S NAME <b>Fred Rogers</b>	14. MOTHER'S MAIDEN NAME <b>Janie Maples</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>---</b>	17. INFORMANT <b>Clyde Rogers, Nixa, Missouri</b>	Address
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>medullary failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>4 weeks</b> <b>2 yrs</b>
DUPLICATE (b) <b>toxemia</b>		
DUPLICATE (c) <b>Carcinoma of uterus</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)		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 <b>---</b> Month <b>---</b> Day <b>---</b> Year <b>---</b> a. m. <b>---</b> p. m. <b>---</b>	

20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from **4-10-55** to **4-3-57** and last saw her alive on **3-30-57**  
Death occurred at **3:15 p.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Herald Shaffer</b>	22b. ADDRESS <b>2 Nixa, Mo.</b>	22c. DATE SIGNED <b>4-10-57</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4/5/1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Delaware Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Christian Col, Missouri</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Jean Harris, Clever, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>April 12, 1957</b>	26. REGISTRAR'S SIGNATURE <b>Olive Hutter</b>
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

508

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.....  
*J. Alan Harris*

Licensed Embalmer No. *4390*

P. O. Address *Cleveland, Mo.*

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.