. Health,
& Welfare
. Public
h Service

S. 300
v. 1-56 0

FILED APR 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14381
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 135

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre, Mo. Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hosp. Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN Farmington, Mo. Inside Limits Yes X No ☐
d. STREET ADDRESS 0941 0 (If outside, give location) Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First McAnally Middle Andrews Last Patterson
4. DATE OF DEATH Month April Day 23 Year 1957
5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH Oct. 16, 1867
9. AGE (In years last birthday) 89
IF UNDER 1 YEAR Months 6 Days 7 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) St. Francois Co., Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Patterson
14. MOTHER'S MAIDEN NAME Jane Andrews
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Martin Powell Farmington, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 332X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 4/15/57 to 4/23/57 and last saw ~~her~~ him alive on 4/23/57
Death occurred at 1:25 p m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE R. A. Huckstep (Degree or title) M. D. 0
22b. ADDRESS Farmington, Mo
22c. DATE SIGNED 4/24/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE April 27-57
23c. NAME OF CEMETERY OR CREMATORY Marvin Chapel
23d. LOCATION (City, town, or county) Near Bonne Terre, (State) Mo.
24. FUNERAL DIRECTOR C. H. Cozean ADDRESS Farmington, Mo.
25. DATE RECD. BY LOCAL REG. Apr. 24, 1957
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

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

289-0

FEB 7 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision...

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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