

FILED SEP 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27792

STATE FILE NUMBER

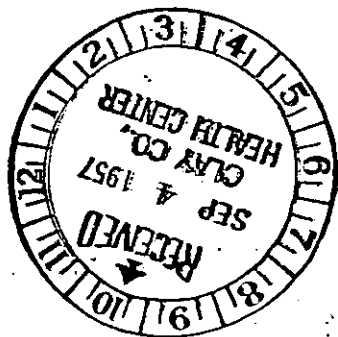
Registration District No. 71 Primary Registration District No. 3014 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <i>Edgely</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Ray</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Edgely Springs</i>		Inside Limits Yes ☒ No ☐	c. CITY OR TOWN <i>Richmond</i>		Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Edgely Springs 503 40 days</i>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <i>503 East Main</i>		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First <i>Jerre</i> Middle <i>B.</i> Last <i>Patterson</i>			4. DATE OF DEATH Month <i>August</i> Day <i>13</i> Year <i>1957</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <i>Jan 4, 1868</i>		9. AGE (In years last birthday) <i>89</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Member</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Raygoole</i>	11. BIRTHPLACE (City and state or country) <i>Richmond, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Robert Winslow Patterson</i>			14. MOTHER'S MAIDEN NAME <i>Lusetta Jane Hale</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Alfred Patterson, Alton, Missouri</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Arterio-sclerosis</i> DUE TO (c) _____ 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 <i>2 hrs</i>
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐			20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) <i>331X</i>		
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.) <i>Jan 1957 to Aug 17-1957</i>		20f. CITY, TOWN, OR LOCATION <i>Richmond</i>		COUNTY <i>Ray</i>	
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>E. G. Gray M.D.</i>			22b. ADDRESS <i>Richmond, Mo</i>		22c. DATE SIGNED <i>8-17-57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial Aug 15, 1957</i>		23b. DATE <i>Aug 15, 1957</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Sumner Slope</i>	
23d. LOCATION (City, town, or county) <i>Richmond, Missouri</i>		23e. STATE <i>Missouri</i>		23f. COUNTY <i>Ray</i>	
24. FUNERAL DIRECTOR <i>Robert Hale Funeral Home</i>		25. DATE RECD. BY LOCAL REG. <i>8-20-57</i>		26. REGISTRAR'S SIGNATURE <i>Caroline Hutchings</i>	

(Licensed Embalmer's Statement on Reverse Side)

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.



FEB 26 1958

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.....

Licensed Embalmer No. 40

P. O. Address.....

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.