

FILED NOV 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41534
STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Putnam	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR Unionville Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Unionville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTE Monroe Hospital 38 days		d. STREET ADDRESS (If outside, give location) 1316 Main Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Newton J. Patterson			4. DATE OF DEATH Month Day Year Nov. 9, 1957
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 1, 1882
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months 7 Days 8 Hours Min.	IF UNDER 24 HRS.
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) Putnam Co. Mo.
13. FATHER'S NAME George Patterson		14. MOTHER'S MAIDEN NAME Rebecca Buster	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address Ruby Haines-Unionville, 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) cerebral hemorrhage DUE TO (b) arteriosclerosis DUE TO (c) hypertension 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 6 weeks years 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 Sept 7-57 to Nov 9-57 and last saw him alive on Nov 9-57 Death occurred at 3 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Charles J. Gadd DO (Degree or title)		22b. ADDRESS 201 Monmouth Hall, Unionville, Mo.	22c. DATE SIGNED 11-11-57
23a. BURIAL, CREMATION, REMOVAL (Specify) B	23b. DATE 11-11-57	23c. NAME OF CEMETERY OR CREMATORY Lipp Cem.	23d. LOCATION (City, town, or county) Putnam Co. Mo. (State)
24. FUNERAL DIRECTOR Husted & Son Unionville, Mo. 11-22-57		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE Maxwell Dushin

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

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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. O. Husted*

Licensed Embalmer No. *297*

City Address *Unionville*

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.