Health, Welfare Public Service

. 300
1-56 2

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023054
STATE FILE NUMBER

FILED JUN 24 1958 Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 194

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Francois Twp. — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hospital #4 — Length of stay in 1b: 5y,6m,29d

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Wisconsin b. COUNTY: Juneau
c. CITY OR TOWN: Wonewoc — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 348 8 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ELLEN Middle: Last: PATTERSON
4. DATE OF DEATH: Month: May Day: 5 Year: 1958
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH: Oct. 8, 1868
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months 6 Days 27 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Honey Grove, Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Louis Blaine
14. MOTHER'S MAIDEN NAME: Mary Dailey
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: Records, State Hospital #4, Address: Farmington, Mo.

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) Coronary thrombosis - - - - - - - - - - - - - — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease - - - - - - - - — Unknown.
DUE TO (c) 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Psychosis with cerebral arteriosclerosis.
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 April 17, 1954 to May 5, 1958 and last saw alive on 5-5-58
Death occurred at 8:55 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John C. Brennan MD (Degree or title) 0
22b. ADDRESS: State Hospital No.4 Farmington, Missouri
22c. DATE SIGNED: 5-5-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 7,1958
23c. NAME OF CEMETERY OR CREMATORY: Honey Grove Cem.
23d. LOCATION (City, town, or county) (State): Honey Grove, Texas

24. FUNERAL DIRECTOR: Robert West Funeral Director, Honey Grove, Texas ADDRESS: Cremated at Valhalla, 7600 St. Charles Rock Road, St. Louis, Mo.
25. DATE RECD. BY LOCAL REG.: May 5, 1958
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No...4.

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.