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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029537
STATE FILE NUMBER

FILED SEP 4 1958 Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 86

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora — Inside Limits Yes ✓ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Aurora Hospital — Length of stay in 1b 30 minutes

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Lawrence
c. CITY OR TOWN Mt Vernon 0550 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 303 McCanse St. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First John Middle Norman Last Patterson
4. DATE OF DEATH Month Day Year Aug. -21- 1958
5. SEX M.
6. COLOR OR RACE W.
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Sept.-2-1882
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cafe Operator
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Lawrence Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
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. 491-38-7178
17. INFORMANT Edna Patterson, Address Mt Vernon, 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) Stomach hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 24hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Malignancy involving liver&stomach — two yrs.
DUE TO (c) 151X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 Aug. 25,56, to Aug.21st.,58 and last saw her/him alive on Aug.21,58
Death occurred at 7.10 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. G. Bousum D.D.
22b. ADDRESS 2 Mount Vernon, Mo.
22c. DATE SIGNED 8/23/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug.-23-1958
23c. NAME OF CEMETERY OR CREMATORY Spanish Fort Cemetery
23d. LOCATION (City, town, or county) Mt Vernon (State) Mo.

24. FUNERAL DIRECTOR Max L. Fossett ADDRESS Mt Vernon, Mo.
25. DATE RECD. BY LOCAL REG. 8-24-1958
26. REGISTRAR'S SIGNATURE Ora McNatt

(Licensed Embalmer's Statement on Reverse Side)

NOV 5 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 Max L Fossett

Licensed Embalmer No. 42

P. O. Address Mt Verno

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.