Health & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042995
STATE FILE NUMBER

FILED NOV 18 1958 Registration District No. 337 Primary Registration District No. 4498 Registrar's No. 85

1. PLACE OF DEATH
a. COUNTY: Shelby
b. CITY OR TOWN: Hunnewell — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: Residence — Length of stay in Ib: 10 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Shelby
c. CITY OR TOWN: Hunnewell — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 102 Town Limits — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Lura Middle: K. Last: Patterson

4. DATE OF DEATH Month Day Year: November 9, 1958

5. SEX: Female **6. COLOR OR RACE**: White **7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 1/ 10/ 1887

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 9, Days 29 — 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): Marion County Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Jacob Painter
13b. MOTHER'S MAIDEN NAME: Ella Perkins
14. NAME OF HUSBAND OR WIFE: James Patterson

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 Address: James Patterson, Hunnewell, Missouri

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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) Coromary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 15 Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterio Sclerotic heart Desease — 2 Years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Repeated Attacks Coronary Thrombosis 4200

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 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 1957, to Nov 9 1958 and last saw her/him alive on Oct 25 1958
Death occurred at 3:45 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature]
22b. ADDRESS: Monroe City Missouri
22c. DATE SIGNED: 11/10/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/11/1958
23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
23d. LOCATION (City, town, or county) (State): Hunnewell, Missouri.

24. FUNERAL DIRECTOR: [signature] ADDRESS: Monroe City Mo.
25. DATE RECD. BY LOCAL REG.: NOV 13 - 58
26. REGISTRAR'S SIGNATURE: Ada Garrison

(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 embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed [illegible]

Licensed Embalmer No. 3720

P. O. Address Monroe City

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.