

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-044829

State File No.

FILED JAN 7 1959

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. LENGTH OF STAY (in this place) 14 days	c. CITY OR TOWN Chula 0590 d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		STREET ADDRESS (If rural, give location) 3 Mi. E. of Town	

3. NAME OF DECEASED (Type or Print)	a. (First) ALBERT	b. (Middle) BROWNLEY	c. (Last) PATTERSON	4. DATE OF DEATH (Month) (Day) (Year) Dec. 27 1958
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 18, 1880	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Coatsburg, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Sam Patterson	13b. MOTHER'S MAIDEN NAME Sarah Hornecker	14. NAME OF HUSBAND OR WIFE Glova Jean Newton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. none.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Glova Patterson; Chula, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		24 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Idiopathic bacteria rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
ii. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cancer of prostate		1 yr.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12-8, 1958, to 12-27, 1958, that I last saw the deceased alive on 12-24, 1958, and that death occurred at 7:30a m., from the causes and on the date stated above.

23a. SIGNATURE F. L. Muzzo (Degree or title) D.O. 2	23b. ADDRESS Chillicothe Mo	23c. DATE SIGNED 12-27-58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-29-59	24c. NAME OF CEMETERY OR CREMATORY Meadville Cemetery	24d. LOCATION (City, town, or county) (State) Meadville, Missouri
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DATE REC'D BY LOCAL REG. 12-27-58	REGISTRAR'S SIGNATURE Francis B Neill	25. FUNERAL DIRECTOR'S SIGNATURE Norman Funeral Home	ADDRESS Chillicothe, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 6 1963

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 *Elton E. Norman*.....

Licensed Embalmer No 4036.....

P. O. Address Chillicothe.....

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.