

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016922

STATE FILE NUMBER

FILED JUN 1 1959 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 249

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		Length of stay in 1b 37 yrs.	d. STREET ADDRESS (If outside, give location) 900 Garfield		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Walter M. Patterson			4. DATE OF DEATH Month Day Year May 6, 1959		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 15, 1894	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days 3 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Common Labor	11. BIRTHPLACE (City and state or country) Natchez, Mississippi	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Scott Patterson		13b. MOTHER'S MAIDEN NAME Louella Martin		14. NAME OF HUSBAND OR WIFE Deceased.	
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 Albert Patterson, St. Louis, 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) <i>Dysentery</i> DUE TO (b) <i>with Diarrhea</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Hypertension Heart Disease</i>					INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
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 WORK <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.) <i>4 May 59, 4 May 59</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>Poplar Bluff, Missouri</i>	
21. I attended the deceased from Death occurred at <i>7:30 A. M.</i> on the date stated above; and to the best of my knowledge, from the causes stated. and last saw him alive on <i>4 May 1959</i>					
22a. SIGNATURE (Degree or title) <i>W. D. Proctor M.D.</i>			22b. ADDRESS <i>2103 21st St Poplar Bluff, Mo.</i>		22c. DATE SIGNED <i>22 May 59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 9, 1959	23c. NAME OF CEMETERY OR CREMATORY City		23d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri
24. FUNERAL DIRECTOR Frank-Cotrell, Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. <i>5/23/59</i>		26. REGISTRAR'S SIGNATURE <i>W. D. Proctor</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ESB: 2 NOV
PVE 3001

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FILE NO.

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 *Charles E Mungler*

Licensed Embalmer No. *4877*

P. O. Address *Poplar Bl*

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.

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