

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

 Health,
 & Welfare
 Public
 Service

FILED JUN 22 1959

Registration District No.

169

Primary Registration District No.

Registrar's No.

32

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Edina		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Edina
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gibson Hospital		Length of stay in lb 4 June '59	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last PHEBA KATHERINE PATTERSON			4. DATE OF DEATH Month Day Year June 11, 1959
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 11, 1874
9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. of birthday) Months Days Hours Min. 85		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homekeeper	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Macon County	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Jerome Emmons		13b. MOTHER'S MAIDEN NAME Polly Ann Tiller	14. NAME OF HUSBAND OR WIFE Willie Lee Patterson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Alba Patterson Address Edina, 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>Congestive Circulatory Failure</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Decompensated Hypertensive Heart Disease</i> DUE TO (c) <i>Arteriosclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>June 4</u> to <u>June 11</u> and last saw her ^{her} alive on <u>June 11</u> Death occurred at <u>9:25</u> <u>A</u> m of the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>E. H. Gibson, D.D.</i> (Degree or title)		22b. ADDRESS <i>Edina, Mo.</i>	22c. DATE SIGNED <i>6-19-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 14 June '59	23c. NAME OF CEMETERY OR CREMATORY Linville Cemetery	23d. LOCATION (City, town, or county) (State) Edina, Missouri
24. FUNERAL DIRECTOR <i>A. J. Rimer</i> ADDRESS Edina, 7145 HUDSON FUNERAL HOME		25. DATE RECD. BY LOCAL REG. <i>June 17-59</i> (Licensed Embalmer's Statement on Reverse Side)	26. REGISTRAR'S SIGNATURE <i>W. B. H. H. H.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
 All diseases in Part I must be causally related.

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 AG Prime

Licensed Embalmer No. 5041
P. O. Address Edina, MN

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.