

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028869

FILED VS AUG 24 1959 39

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 36

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY Holt				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Holt				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mound City		Length of stay in 1b 6 yrs		c. CITY OR TOWN Mound City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last RENO D PATTERSON				4. DATE OF DEATH Month Day Year 8 13 1959				
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/6/1888	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
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 country) Atlantic, Iowa		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Lewis Patterson			13b. MOTHER'S MAIDEN NAME Marie Swires		14. NAME OF HUSBAND OR WIFE Evelyn 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. unknown		17. INFORMANT Address Mrs Evelyn Patterson, Mound City, 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) Coronary Occlusion							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion						
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE		
21. I attended the deceased from _____ and last saw him alive on _____ Death occurred at 4 P m on the date stated above, and to the best of my knowledge, from the causes stated.				Well dead. History of chest pain				
22a. SIGNATURE (Degree or title) Dr Perry M D			22b. ADDRESS Mound City Mo			22c. DATE SIGNED 8-14-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 8/16/1959	23c. NAME OF CEMETERY OR CREMATORY Graham Cemetery		23d. LOCATION (City, town, or county) (State) Graham Mo.				
24. FUNERAL DIRECTOR ADDRESS G.M. ATCHISON - Maryville, Mo.			25. DATE RECD. BY LOCAL REG. 8-17-1959		26. REGISTRAR'S SIGNATURE <i>Janet Crawford</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

E. M. Atkinson

Licensed Embalmer No. 227

P. O. Address Maryville

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.