

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
 ED VS AUG 2 0 1959

59-031216  
 STATE FILE NUMBER

Registration District No. 347 Primary Registration District No. \_\_\_\_\_ Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Stone</u>			2. USUAL RESIDENCE (Where deceased lived in institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Stone</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Buth</u>		Length of stay in lb <u>Life</u>	c. CITY OR TOWN <u>Galena mo. B. 3</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Buth Town Ship</u>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>B</u> Last <u>Patrick</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>6</u> Year <u>1959</u>		
5. SEX <u>m</u>	6. COLOR OR RACE <u>w/h</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-16-1887</u>	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months <u>3</u> Days <u>20</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Virginia</u>	
10c. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>Will Patrick</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
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. <u>492-34-2103</u>		17. INFORMANT Address <u>Mr. Norman Patrick Galena mo B-3</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cancer of Stomach</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Don't know</u>					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Malnutrition + Anemia</u>				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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>					
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>Jan 1959</u> to <u>Aug 5/1959</u> and last saw her/him alive on <u>Aug 5/1959</u> Death occurred at <u>Reeds Spring</u> <u>11p</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>LSS Humate MD</u> (Degree or title)			22b. ADDRESS <u>Reeds Spring mo</u>		22c. DATE SIGNED <u>8/8/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug 9-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Eisenhower Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Galena B. 3. mo.</u>	
24. FUNERAL DIRECTOR <u>Emerald J. Cheather</u> ADDRESS <u>Galena mo</u>		25. DATE RECD. BY LOCAL REG. <u>Aug. 9-1959</u>		26. REGISTRAR'S SIGNATURE <u>Tracy E. Ewert</u>	

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 Ereth J. Cheatha

Licensed Embalmer No. 387

P. O. Address Galena

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.