

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 28 1959

'59 0 4 4 4 8 8

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 598

INDEXED

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Length of stay in 1b 9 HRS	c. CITY OR TOWN JOPLIN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1930 INDIANA AVE. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First SAM Middle H. Last PATTERSON, II			4. DATE OF DEATH Month DECEMBER Day 10, Year 1959	
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5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> INFANT Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-9-1959	9. AGE (last birthday) IF UNDER 1 YEAR Months 9 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	10b. KIND OF BUSINESS OR INDUSTRY INFANT	11. BIRTHPLACE (City and state or country) JOPLIN, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME ROBERT B. PATTERSON	13b. MOTHER'S MAIDEN NAME Laurann Greninger	14. NAME OF HUSBAND OR WIFE ----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) INFANT	16. SOCIAL SECURITY NO.	17. INFORMANT ROBERT B. PATTERSON, 1930 INDIANA Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) atelectasis		INTERVAL BETWEEN ONSET AND DEATH 1 Day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Pneumonia (5 1/2 months)	
	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
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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.)
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20c. TIME OF INJURY Hour 10 a.m. 0 p.m.	Month, Day, Year
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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
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21. I attended the deceased from Dec 9 - 1959 to Dec 10 1959 and last saw ^{her}him alive on 12-10-59
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Name or title) Joseph B. [Signature]	22b. ADDRESS 2125 Jackson St. [Signature]	22c. DATE SIGNED 12-15-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-10-59	23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK,	23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI
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24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.	25. DATE RECD. BY LOCAL REG. 12-21-1959	26. REGISTRAR'S SIGNATURE Dove Merriam
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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 me
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Joseph M. [Signature]

Licensed Embalmer No. 4463

P. O. Address Joseph M. [Signature]

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.