

# VITAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 7 1 0

FILED VS. DEC 23 1959 167

Primary Registration District No. 3040 Registrar's No. 288

STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chillicothe</u>		Length of stay in 1b <u>5 years</u>		c. CITY OR TOWN <u>Chillicothe</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1435 Locust</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1435 Locust</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>FLAY</u> Middle <u>ROY</u> Last <u>PATTERSON</u>				4. DATE OF DEATH Month <u>Dec.</u> Day <u>18,</u> Year <u>1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>10-15-1901</u>	9. AGE (last birthday) <u>58</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Gambles</u>		11. BIRTHPLACE (City and state or country) <u>Chula, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Charles H. Patterson</u>			13b. MOTHER'S MAIDEN NAME <u>Matilda Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Nola Thelma Roberts</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>490-34-9067</u>	17. INFORMANT <u>Mrs. Flay Patterson</u> Address <u>1435 Locust Chillicothe Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>
IMMEDIATE CAUSE (a) <u>Cerebro vascular accident</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u>							
DUE TO (c) <u>Generalized arteriosclerosis</u>							
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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m.	Month, Day, Year _____						
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>July 25, 1959</u> to <u>December 18, 1959</u> and last saw <sup>her</sup> him alive on <u>December 18, 1959</u>							
Death occurred at <u>ten: 07</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Jane S. Maibury D.O.</u>				22b. ADDRESS <u>Chillicothe, Missouri</u>		22c. DATE SIGNED <u>12/18/59</u>	
23a. BURIAL, CREMATION, OR "MOVIAL" (Specify) <u>Burial</u>	23b. DATE <u>12-21-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>May</u>		23d. LOCATION (City, town, or county) <u>Livingston County, Mo</u>		(State)	
24. FUNERAL DIRECTOR <u>Norman Funeral Home: Chillicothe</u>				25. DATE RECD. BY LOCAL REG. <u>12-18-59</u>	26. REGISTRAR'S SIGNATURE <u>Frances B. Reel</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JAN 13

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 Elton F. Norman

Licensed Embalmer No. 4036  
P. O. Address Chillicothe, Mo.

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.