

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 11 1960

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Registration District No. \_\_\_\_\_ Primary Registration District No. 3009

3009

Registrar's No. \_\_\_\_\_

11

00-000602  
-60-000602  
STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cape Gir.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jackson</u>		c. CITY OR TOWN <u>Jackson</u>	
Length of stay in 1b <u>6 yr</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>319 N. Hope</u>		d. STREET ADDRESS (If outside, give location) <u>319 N. Hope</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Lyle</u> Middle <u>Gouley</u> Last <u>Patterson</u>			4. DATE OF DEATH Month <u>Jan</u> Day <u>8</u> Year <u>1960</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>Sept 9, 1904</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>super visor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>International Harvester</u>	11. BIRTHPLACE (City and state or country) <u>Springfield, Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Lewis Patterson</u>	
13b. MOTHER'S MAIDEN NAME <u>Verna Berry</u>		14. NAME OF HUSBAND OR WIFE <u>Helen Patterson</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>none</u>	
17. INFORMANT <u>Helen Patterson</u>		Address <u>Jackson, Mo</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>Metastasing lymphoepithelioma from Pharynx 3 years</u>			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
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 _____			
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>April 2, 1959</u> to <u>Jan 8, 1960</u> and last saw her/him alive on <u>Jan 2, 1960</u>		Death occurred at <u>9:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>W. Sheehan</u> (Degree or title)		22b. ADDRESS <u>Cape Girardeau, Mo</u>	22c. DATE SIGNED <u>1-9-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Jan 9, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Comfort</u>	23d. LOCATION (City, town, or county) (State) <u>Springfield, Mo</u>
24. FUNERAL DIRECTOR <u>Craeratt Miller Jackson, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-9-1960</u>	26. REGISTRAR'S SIGNATURE <u>Gene Kasten</u>

STATEMENT BY LICENSED EMBALMER

4. 8 1980

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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 *Gene O. Crockett*

Licensed Embalmer No. 4327

P. O. Address Jackson, TN

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.