RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

XC 4765753 SL 9902

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1428 STATE FILE NUMBER 60-008714

FILED VS FEB 18 1960

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY Jefferson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO. Length of stay in 1b 30 HRS 28 MINS.

c. CITY OR TOWN ARNOLD Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) ROUTE 3, BOX 291 Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First GENTRY Middle T. Last PATTERSON

4. DATE OF DEATH Month FEBRUARY Day 6 Year 1960

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 5-30-02

9. AGE (last birthday) 57 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) BARTENDER

10b. KIND OF BUSINESS OR INDUSTRY Liquor

11. BIRTHPLACE (City and state or country) FARMINGTON, MISSOURI

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME BART PATTERSON

13b. MOTHER'S MAIDEN NAME MARGARET OBONNON

14. NAME OF HUSBAND OR WIFE GLADYS PATTERSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWII

16. SOCIAL SECURITY NO. 333-05-9721 ~~UNKNOWN~~

17. INFORMANT Address GLADYS PATTERSON, RT. 3, BOX 291 ARNOLD, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) HEPATIC COMA — INTERVAL BETWEEN ONSET AND DEATH 3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) CARCINOMA OF THE LIVER — Unknown

DUE TO (c) 156.1

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PEREORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

I VA attended the deceased from 2-5-60 - 3 PM, to 2-6-60 and last saw him alive on 2-6-60

Death occurred at 9:20 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE WILLIAM HOSBACH (Degree or title) M.D.

22b. ADDRESS VAH, ST. LOUIS, MO.

22c. DATE SIGNED 2/7/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 2/9/60

23c. NAME OF CEMETERY OR CREMATORY Parkview Cem.

23d. LOCATION (City, town, or county) Farmington (State) Mo

24. FUNERAL DIRECTOR Bull-Campbell Mortuary

ADDRESS 5165 Delmar

25. DATE RECD. BY LOCAL REG. FEB 8 1960

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

(Licensed Embalmer) See Statement on Reverse Side)

BY AFFIDAVIT OF

DOCUMENT

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_____ Signed Harvey Kahle

Signature of Student Embalmer

Licensed Embalmer No. 4596

P. O. Address St Louis,

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