

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-009441

FILED VS FEB 29 1960

324

Primary Registration District No. 3072

Registrar's No. 43

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Saline</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Saline</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Marshall</i>		Length of stay in lb <i>12 Years</i>	c. CITY OR TOWN <i>Marshall</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Fitzgibbon Hospital</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>527 N. Lyon</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>MARY ELIZABETH PATTRICK</i>			4. DATE OF DEATH Month Day Year <i>Feb. 25, 1960</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>10-27-1873</i>	9. AGE (last birthday) <i>86</i>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	11. BIRTHPLACE (City and state or country) <i>Huntington Mo</i>	12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>
--	--	--	--

13a. FATHER'S NAME <i>Norman P. Finley</i>	13b. MOTHER'S MAIDEN NAME <i>Frances E. Waters</i>	14. NAME OF HUSBAND OR WIFE <i>Curtis L. Patrick Sr.</i>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT Address <i>Curtis L. Patrick Jr. Marshall Mo.</i>
---	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Heart Failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Pneumonia</i>		<i>18 days</i>
	DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Cerebral arterio sclerosis</i>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 - 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 <i>June 1959</i> to <i>Feb 25, 1960</i> and last saw her/him alive on <i>Feb 24, 1960</i> . Death occurred at <i>3:10 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Degree or title) <i>Martin E. Roehrs, M.D.</i>	22b. ADDRESS <i>Marshall, Mo</i>	22c. DATE SIGNED <i>2/26/60</i>
---	-------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>2-27-1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Ridge Park Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Marshall Mo</i>
--	-------------------------------	--	---

24. FUNERAL DIRECTOR ADDRESS <i>Harry Herzberger Marshall, Mo</i>	25. DATE RECD. BY LOCAL REG. <i>2-26-'60</i>	26. REGISTRAR'S SIGNATURE <i>Cecil L. Reed</i>
--	---	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 15 1961

**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 Harry Hershberger

Licensed Embalmer No. 4357

P. O. Address Marshall

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.