

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Length of stay in 1b 6 hours		c. CITY OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune Brooks Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 426 Sycamore		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Mary Middle Alice Last Patterson				4. DATE OF DEATH Month March Day 21 Year 1960									
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-23-1885		9. AGE (last birthday) 74		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>		IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Ky. U. S. A.		12. CITIZEN OF WHAT COUNTRY U. S. A.					
13a. FATHER'S NAME George Sparks				13b. MOTHER'S MAIDEN NAME Unk.				14. NAME OF HUSBAND OR WIFE J. A. Patterson					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. John Cole, Carthage, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Hypertension with acute circulatory failure										INTERVAL BETWEEN ONSET AND DEATH 5 yrs			
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 _____ 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>18 Mar 60 3-21-60</u> and last saw her/him alive on <u>21 Mar 60</u> Death occurred at <u>4:10 A</u> am on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>M. D. Fasken</i>						22b. ADDRESS Carthage, Mo.							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-24-60		23c. NAME OF CEMETERY OR CREMATORY Fasken				23d. LOCATION (City, town, or county) Near Avilla, Mo.					
24. FUNERAL DIRECTOR Ulmer Funeral Home, Carthage, Mo.						ADDRESS		25. DATE RECD. BY LOCAL REG. 3-24-60		26. REGISTRAR'S SIGNATURE <i>E. W. Clutman</i>			

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 Don Bush Permit
Student Embalmer No. 4

working under my personal supervision.

Student Don R. Koval
Signature of Student Embalmer

Signed Edwin S. Thome

Licensed Embalmer No. 4955

P. O. Address Carters

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.