

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013859

FILED VS MAR 22 1960 337

Registration District No. \_\_\_\_\_ Primary Registration District No. 4999 Registrar's No. 21

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Shelby</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Shelby</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Shelbina</b>		Length of stay in 1b <b>7 years</b>	c. CITY OR TOWN <b>Shelbina</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>515 N. Center St.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>515 N. Center St.</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Mary Frances Patterson</b>			4. DATE OF DEATH Month Day Year <b>March 9, 1960.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7/1/1870</b>
9. AGE (last birthday) <b>89</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>8</b>	IF UNDER 24 HR Hours <b>8</b> Min. <b>8</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) <b>Marion Co. Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>				
13a. FATHER'S NAME <b>James Shaw</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Moss</b>		14. NAME OF HUSBAND OR WIFE <b>Francis H. Patterson</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Kate Watten Shelbina</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Broncho-Pneumonia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Congestive Heart Failure</b>				<b>14 mos</b>
DUE TO (c) <b>Cardio-Renal Heart Disease</b>				
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 <b>Jan 5 - 1959</b> to <b>Mar. 9, 1960</b> and last saw her alive on <b>Mar. 9, 1960</b> Death occurred at <b>3:30 P.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) <b>Joseph H Tomie D.O.</b>		22b. ADDRESS <b>Shelbina, Mo</b>		22c. DATE SIGNED <b>3-14-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3/12/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Hunnewell, Missouri.</b>	
24. FUNERAL DIRECTOR <b>Harold Garner, Monroe City, Mo.</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Mar 15 - 1960</b>	26. REGISTRAR'S SIGNATURE <b>Ade Garrison</b>

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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed



Licensed Embalmer No. 3720

P. O. Address Monroe City, 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.