

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 5 1960 **43**

=60=022451
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. **3007** Registrar's No. **367**

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Allen				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in 1b Visiting		c. CITY OR TOWN Iola		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lucy Lee Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 217 South Third St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ALTON Middle L. Last PATTERSON				4. DATE OF DEATH Month June Day 22 Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-18-1890	9. AGE (last birthday) 69	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) Retired			10b. KIND OF BUSINESS OR INDUSTRY - - - - -		11. BIRTHPLACE (City and state or country) Uniontown, Kansas	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Elmer Patterson			13b. MOTHER'S MAIDEN NAME Mattie Wright		14. NAME OF HUSBAND OR WIFE Rose Cook Patterson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW # 1			16. SOCIAL SECURITY NO. 512-03-3665	17. INFORMANT Address Mrs. Rose Patterson Iola Kansas				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) Acute Myocardial Infarction						immediate		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Coronary Occlusion						4 days.		
DUE TO (c) Coronary Artery Disease						unknown		
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 _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 6/22/60 to 6/22/60 and last saw him alive on 6/22/60	Death occurred at 11:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE [Signature] Degree or title M.D.				22b. ADDRESS Poplar Bluff, Missouri		22c. DATE SIGNED 6/23/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-23-60	23c. NAME OF CEMETERY OR CREMATORY Local		23d. LOCATION (City, town, or county) Iola, Kansas		(State)		
24. FUNERAL DIRECTOR Greer Croy & Fitch Poplar Bluff, Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. 6/25/60	26. REGISTRAR'S SIGNATURE [Signature]				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 11 1960

0961 S 70C,

VS APR 16 1962

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

Philip J. Cassel

Licensed Embalmer No.

4618

P. O. Address

Fowler B

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