

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 15 1960

318

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6716

-60-024843

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ill. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS MO		Length of stay in 1b 10 yrs.	c. CITY OR TOWN Granite City Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION MASONIC HOME HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2321 Hodges St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) HENRY HUMPHREY PATTERSON	First Middle Last	4. DATE OF DEATH 7-1-1960	Month Day Year
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH NOV. 27 - 1888	9. AGE (at birth) 71	10. IF UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker	10b. KIND OF BUSINESS OR INDUSTRY Own Business	11. BIRTHPLACE (City and state or country) Danville, Tenn.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME JAMES PATTERSON	13b. MOTHER'S MAIDEN NAME Malissa Cathey	14. NAME OF HUSBAND OR WIFE Unknown
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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 Mrs. Lois Wolf 2321 Hodges Granite City, Ill.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CORONARY THROMBOSIS GENERALIZED ARTERIOSCLEROSIS, ADVANCED Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 420.1		INTERVAL BETWEEN ONSET AND DEATH 10 MIN UNKNOWN
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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
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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.)
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20c. TIME OF INJURY Hour _____ s.m. _____ p.m. _____	Month, Day, Year
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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
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21. I attended the deceased from **3-7-56** to **7-1-60** and last saw him alive on **6-27-60**
Death occurred at **12/25 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) Harold E. Walters M.D.	22b. ADDRESS 3720 WASHINGTON AVE.	22c. DATE SIGNED 7-1-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal-auto	23b. DATE 7/5/1960	23c. NAME OF CEMETERY OR CREMATORY Portageville Cemetery	23d. LOCATION (City, town, or county) (State) Portageville, Missouri
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24. FUNERAL DIRECTOR ADDRESS Jimmy Osburn Funeral Home, Wardell, Mo.	25. DATE RECD. BY LOCAL REG. JUL 4 1960	26. REGISTRAR'S SIGNATURE Roald Smith, M.D. <i>mjs</i>
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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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joseph M. Sullivan

Licensed Embalmer No. 2960

P. O. Address 615 J St

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.