

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 22 1960

60-031129
STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Warrensburg</u>		Length of stay in 1b <u>50 Yrs.</u>		c. CITY OR TOWN <u>Warrensburg</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center Inc.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>130 E Gay St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) <u>William Riley Patterson</u>				4. DATE OF DEATH Month <u>Aug.</u> Day <u>19</u> Year <u>1960</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7-13-65</u>		9. AGE (last birthday) <u>95</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Medical Doctor</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Private Practice</u>			11. BIRTHPLACE (City and state or country) <u>Rush Co. Indiana</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>				
13a. FATHER'S NAME <u>Lovell Patterson</u>				13b. MOTHER'S MAIDEN NAME <u>Harriet Cook</u>				14. NAME OF HUSBAND OR WIFE <u>Electra Rershaw, Deceased</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>186-36-1475</u>		17. INFORMANT <u>W.F. Patterson, Santa Monica, Calif.</u>								
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) <u>Heart Block</u>										<u>10 minutes</u>			
DUE TO (b) <u>Coronary arteriosclerosis</u>										<u>1 yr</u>			
DUE TO (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Emphysema & Liver</u>										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>1958</u> to <u>8-19-60</u> and last saw her/him alive on <u>8-19-60</u> Death occurred at <u>8:15</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>R. Cooper</u> (Degree or title) <u>M.D.</u>						22b. ADDRESS <u>Warrensburg, Missouri</u>			22c. DATE SIGNED <u>8-19-60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-22-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>			23d. LOCATION (City, town, or county) (State) <u>Warrensburg, Missouri</u>						
24. FUNERAL DIRECTOR <u>Sweeney Phillips, Warrensburg, Mo.</u>					25. DATE RECD. BY LOCAL REG. <u>Aug. 20, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Savannah Cretchfield</u>						

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

J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address, Warrensburg,

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.