

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041350

FILED VS DEC 2 1960 65

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 60

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Mo b. COUNTY Chariton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SALT CREEK Twp.		Length of stay in 1b	c. CITY OR TOWN Mendon 8 Mi. SE
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MOLLIE Middle PATTERSON Last			4. DATE OF DEATH Month Nov. Day 26 Year 1960		
5. SEX FEMALE	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr. 24 - 1878	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months 7 Days 2 Hours 2 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Chariton Co MO	12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME William R. Patterson	13b. MOTHER'S MAIDEN NAME MARtha L. Forsyth	14. NAME OF HUSBAND OR WIFE ✓
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 Myrtle Patterson - Mendon 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) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
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
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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.)
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 26 Nov 60 to _____ and last saw her/him alive on 26 Nov 60 . Death occurred at 11 am on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) O. W. Penubertou M.D.	22b. ADDRESS Mendon MO.	22c. DATE SIGNED 27 Nov 60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-28-60	23c. NAME OF CEMETERY OR CREMATORY New Comer
24. FUNERAL DIRECTOR S. L. Hoiberg	ADDRESS Mendon MO	25. DATE RECD. BY LOCAL REG. Nov 27 - 1960
		26. REGISTRAR'S SIGNATURE Dovie Smith

(Licensed Embalmer's Statement on Reverse Side)

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 _____

S. L. Ripard

Licensed Embalmer No. _____

3970

P. O. Address _____

Mendon Vt

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.