

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046637

FILED VS. DEC 16 1960

160

Primary Registration District No. 559v

Registrar's No. 164

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JEFF.			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL JOACHIM			Length of stay in 1b		c. CITY OR TOWN FESTUS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION IN AMBULANCE ENROUTE TO HOSPITAL			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 905 HUBER ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CARL Middle E. Last PATTERSON				4. DATE OF DEATH Month DEC. Day 7, 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 2-7-1929	9. AGE (last birthday) 31	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SERVICE STATION ATTENDANT		10b. KIND OF BUSINESS OR INDUSTRY SERVICE STATION		11. BIRTHPLACE (City and state or country) FESTUS, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JESSE PATTERSON			13b. MOTHER'S MAIDEN NAME BERTHA CARLETON		14. NAME OF HUSBAND OR WIFE MARGARET		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes		16. SOCIAL SECURITY NO. KOREAN		17. INFORMANT Address MRS. CARL E. PATTERSON FESTUS, 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 DUE TO (b) Coronary arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hours 1 1/2 yrs	
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 Jan 4, 1960 to present and last saw him alive on sep 7, 1960 Death occurred at 12:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) J. M. Mayfield M.D.				22b. ADDRESS Crystal City, Mo		22c. DATE SIGNED 12/7/60	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 12-9-60	23c. NAME OF CEMETERY OR CREMATORY CATHOLIC		23d. LOCATION (City, town, or county) (State) CRYSTAL CITY, MO.		
24. FUNERAL DIRECTOR GENTRY R. POLITTE			ADDRESS CRYSTAL CITY, MO.		25. DATE RECD. BY LOCAL REG. 12-8-60	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 19 1960

DEC 21 1960

JAN 13 1961

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 Reuben R. Pol

Licensed Embalmer No. 348

P. O. Address Crystal

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.