

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-024253
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 252-782

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff</u>		c. CITY OR TOWN <u>Neelyville</u>	
Length of stay in 1b <u>1 day</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>R#1</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Patricia</u> Middle <u>Joyce</u> Last <u>Patterson</u>			4. DATE OF DEATH Month <u>June</u> Day <u>28</u> Year <u>1961</u>			
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-15-1950</u>	9. AGE (last birthday) <u>11</u>	IF UNDER 1 YEAR / IF UNDER 24 HR	
				Months	Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Grade School</u>	11. BIRTHPLACE (City and state or country) <u>Butler County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Virgil Patterson</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Palmer</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Virgil Patterson</u>	Address <u>Neelyville Mo</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Shock, traumatic</u>		<u>16 hours</u>
DUE TO (b) <u>Ruptured spleen, compound fractured arm, multiple abrasions and lacerations.</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)		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 checked="" 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.) <u>Fell from a car fender at Oxley, Missouri, and was run over by automobile</u>
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20c. TIME OF INJURY Hour <u>8:00</u> a.m. <u>P.M.</u> Month, Day, Year <u>6/27/61</u>	
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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.) <u>Highway near Oxley, Mo.</u>	20f. CITY, TOWN, OR LOCATION <u>Oxley, Missouri</u>	COUNTY <u>Ripley</u>	STATE <u>Mo.</u>
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21. I attended the deceased from 6/27/61 to death and last saw her/him alive on 1:00 P.M. 6/28/61
Death occurred at 2:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>E. T. Hansbrough, M. D.</u>	22b. ADDRESS <u>623 Pine Blvd., Poplar Bluff, Mo.</u>	22c. DATE SIGNED <u>7/6/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 30, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Ripley County, Missouri</u>
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24. FUNERAL DIRECTOR <u>Edwards Funeral Home</u>	ADDRESS <u>Doniphan, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>7/11/1961</u>	26. REGISTRAR'S SIGNATURE <u>Shelma Graham</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Gene Harrent

Licensed Embalmer No. 4809

P. O. Address Naylor, Mo

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.