MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-000562
STATE FILE NUMBER

AMENDED

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 45

FILED FEB 5 1962

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton
Length of stay in 1b: 9 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 1
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Randolph
c. CITY OR TOWN Moberly
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS 529½ Coates St. (If outside, give location)
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Dorothy Middle May Last Patterson
4. DATE OF DEATH: Month Feb. Day 1 Year 1962
5. SEX: Female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-7-1922
9. AGE (last birthday): 39
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): stenographer
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: A. C. Patterson
13b. MOTHER'S MAIDEN NAME: Emma Hisgen
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unk (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unk
17. INFORMANT: State Hospital No. 1, Fulton, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hyperpyrexia, central nervous system origin
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) History of Barbiturate intoxication
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
State Hospital No. 1
21. I attended the deceased from Jan. 23, 1962 to Feb. 1, 1962 and last saw him alive on
Death occurred at 1:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Fred P. Handley MD
22b. ADDRESS: Fulton, Mo.
22c. DATE SIGNED: 2 Feb 62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb 3-1962
23c. NAME OF CEMETERY OR CREMATORY: Oakland Cem
23d. LOCATION (City, town, or county): Moberly (State) Mo
24. FUNERAL DIRECTOR: Browning Funeral Home ADDRESS: Fulton Mo.
25. DATE RECD. BY LOCAL REG.: Feb. 2-1962
26. REGISTRAR'S SIGNATURE: Marietta Lawrence
(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Leon Dale Toedtmann, Student Embalmer No. 650

working under my personal supervision.

Student Leon Dale Toedtmann
Signature of Student Embalmer

Signed Denzil C Browning

Licensed Embalmer No. 2724

P. O. Address Fruitland, Md.

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.