

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030771

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 69

FILED SEP 10 1962

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| VS 300 | DATE AMENDED |
| Rev. 4/59 | |
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY Howard | | e. STATE Missouri COUNTY Howard | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette | | c. CITY OR TOWN Fayette | |
| Length of stay in 1b 50 yrs | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Silvey Street | | d. STREET ADDRESS (If outside, give location) Silvey Street | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | 4. DATE OF DEATH | |
| First Middle Last MARY JANE WALKER PATRICK | | Month Day Year Aug. 30, 1962 | |
| 5. SEX Female | 6. COLOR OR RACE Negro | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH 3/16/1889 |
| 9. AGE (last birthday) 73 | | 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) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (City and state or country) Howard Co. Mo |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Mack Walker | |
| 13b. MOTHER'S MAIDEN NAME Amanda Bentley | | 14. NAME OF HUSBAND OR WIFE Richard Patrick | |
| 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 Address Willie M. Robinson Fayette, Mo |
| 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 1 year |
| IMMEDIATE CAUSE (a) Carcinoma of r.f. breast | | | |
| 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 checked="" 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 August 1 1961 to August 30 1962 and last saw her live on August 25 1962 | | Death occurred at 4:00 a m on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE <i>James J. Dean MD</i> | | 22b. ADDRESS <i>Fayette, Mo</i> | 22c. DATE SIGNED 8-31-62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 9/2/1962 | 23c. NAME OF CEMETERY OR CREMATOR Fayette City Cemetery | 23d. LOCATION (City, town, or county) (State) Fayette, Missouri |
| 24. FUNERAL DIRECTOR <i>Ralph A. Cox</i> | ADDRESS Fayette, Mo | 25. DATE RECD. BY LOCAL REG. 8-31-62 | 26. REGISTRAR'S SIGNATURE <i>Katherine Welch</i> |

Permit issued 8-31-62

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 Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Jayette, 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.