

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034265
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 109
FILED SEP 24 1962

Primary Registration District No. 4188 Registrar's No. 14

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
10350				
20350				
3				
4 1				
5 2				
6				
7 1				
8 2				
9 4221				
10	MEDICAL CERTIFICATION	BY AFFIDAVIT OF	SHOULD READ	ITEM NO.
11				
12 86-0				
13 7-0				

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Dunklin		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Campbell		Length of stay in 1b 2 yrs.		c. CITY OR TOWN Cardwell	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen. Baptist.N.H.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. AGE (last birthday)	
First ATHA		Middle G		Last PATTERSON		Month Sept. Day 12, Year 1962	
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/16/76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Mississippi		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Nix			13b. MOTHER'S MAIDEN NAME Unk			14. NAME OF HUSBAND OR WIFE J. A. Patterson	
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. No		17. INFORMANT Address Mrs. Herman Willis, Hornersville, 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
IMMEDIATE CAUSE (a) Terminal Broncho-pneumonia							2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) General Arteriosclerotic C. V. Disease							1 year.
DUE TO (c) Old Right hemiplegia							
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 5/19/60 to 9/11/62 and last saw her ^{her} alive on 9/11/62 Death occurred at 10:55 P. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Wallace Belsey M.D.				22b. ADDRESS Campbell Mo.		22c. DATE SIGNED 9/14/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/15/62		23c. NAME OF CEMETERY OR CREMATORY Horner		23d. LOCATION (City, town, or county) (State) Hornersville, Missouri	
24. FUNERAL DIRECTOR ADDRESS HEATH FUNERAL HOME, Paragould, Ark.				25. DATE RECD. BY LOCAL REG. 9-17-1962		26. REGISTRAR'S SIGNATURE Mrs. Beulah Campbell	

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  _____

Arkansas Licensed Embalmer No. 1054

P. O. Address Paragould, Ark.

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.