

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

40983

State File No.

FILED JAN 7 1952		BIRTH NO. <u>124</u>		REG. DIST. NO. <u>68</u>	PRIMARY REG. DIST. NO. <u>5267</u>	Registrar's No. <u>38</u>		
1. PLACE OF DEATH a. COUNTY <u>Christian</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural South Galloway</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>					
c. LENGTH OF STAY (in this place) <u>enroute</u>			d. STREET ADDRESS (If rural, give location) <u>633 S Campbell</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Junction Hwy 65-44</u>								
3. NAME OF DECEASED (Type or Print) <u>FRANKLIN W PATTERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 20 1951</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug 17, 1874</u>		
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dentist</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Dentistry</u>			11. BIRTHPLACE (State or foreign country) <u>Cooper County, Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>								
13a. FATHER'S NAME <u>Lovell Patterson</u>			13b. MOTHER'S MAIDEN NAME <u>Harriet Cook</u>			14. NAME OF HUSBAND OR WIFE <u>-----</u>		
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'S SIGNATURE OR NAME <u>Mrs O F Hayes, Sedalia, Missouri</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Skull Fractures</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Automobile Accident</u> DUE TO (c) <u>E 8161</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>26</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Seconds?</u>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Junction H. 65-44</u>			21c. (CITY, TOWN, OR TOWNSHIP) <u>So. Galloway</u> (COUNTY) <u>Christian</u> (STATE) <u>Mo.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 20 1951 6:15 P.M.</u>			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>Truck & Car Collision</u>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:15 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>John Hlean Harris 3 Corner Christian Ch.</u>			23b. ADDRESS <u>Clover, Mo.</u>			23c. DATE SIGNED <u>Nov. 20 1951</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24b. DATE <u>Sat Nov 24, 51</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		
24d. LOCATION (City, town, or county) <u>Sedalia, Missouri</u>			(State) _____					
DATE REC'D BY LOCAL REG. <u>Dec 1-1951</u>			REGISTRAR'S SIGNATURE <u>Luella Leonard</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeier</u>		
ADDRESS <u>Springfield, Mo</u>								

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____
Student Embalmer

Signed James W. Warr

Licensed Embalmer No. 4650

P. O. Address Springfield 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 this body is not embalmed, fact should be so stated above.