Dr. Fitch

FILED FEB 13 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2449
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE
(b) Township [illegible]
(c) or City SPRINGFIELD
Registration District No. 316
Primary Registration District No. 5439
Registered No. 52
(d) Street No. Farmers Nursing Home St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Gideon Monroe Patterson
(a) Residence, No. 511 Kimbrough St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Eliza Patterson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 29 1850

7. AGE: Years 89 Months 0 Days 17 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near, Northview Missouri

FATHER
13. NAME: Joseph A. Patterson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER
15. MAIDEN NAME: Martha Jane Tinsley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): Virginia Patterson Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olive DATE Jan. 19 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS): H.H. Lohmeyer Springfield, Mo.

20. FILED 1/17/40 19 Chas. A. George M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 16 1940

22. I HEREBY CERTIFY, That I attended deceased from 1/13, 1940, to 1/16, 1940
I last saw him alive on 1/16, 1940. Death is said to have occurred on the date stated above, at 7:50 p.m.
The principal cause of death and related causes of importance were as follows:

Gangrene of Rt arm from Thrombosis — Date of onset 1/12/40

93 C

Other contributory causes of importance:
Chr. Myocarditis

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [signature], M. D.
(Address) Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X16605

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.