No. 300
10.48

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

FILED JUN 17 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 20289

BIRTH NO. 124 REG. DIST. NO. 4327 915 PRIMARY REG. DIST. NO. 4327 Registrar's No. 7

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0
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**1. PLACE OF DEATH**
a. COUNTY: Miller
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Iberia
c. LENGTH OF STAY (In this place): 1 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission):
a. STATE: Missouri
b. COUNTY: Miller 66
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Iberia 0
d. STREET ADDRESS (If rural, give location): 0 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Victor
b. (Middle): Jean
c. (Last): Patterson

**4. DATE OF DEATH** (Month) (Day) (Year): June 3rd 1949

**5. SEX**: Male 0

**6. COLOR OR RACE**: White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married

**8. DATE OF BIRTH**: October 1, 1909

**9. AGE** (In years last birthday): 39 — If under 1 year: Months 8, Days 2 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Laborer

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE** (State or foreign country): Iberia, Missouri 0

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: George Patterson

**13b. MOTHER'S MAIDEN NAME**: Mary Anabelle Kershner

**14. NAME OF HUSBAND OR WIFE**: Opal Patterson

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service):

**16. SOCIAL SECURITY NO.**: 498-18-5915

**17. INFORMANT'S SIGNATURE OR NAME**: Harry Patterson — ADDRESS: Iberia, Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Embolis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Mytral Stenosis — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: +300

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☐ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify):
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.):
**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.:
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**:

22. *I hereby certify that I attended the deceased from* Jan 4th, 1944, *to* June 3rd, 1949, *that I last saw the deceased alive on* June 3rd, 1949, *and that death occurred at* 12:30 m. *from the causes and on the date stated above.*

**23a. SIGNATURE**: Wm. A. Gould (Degree or title): D.O.
**23b. ADDRESS**: Iberia Mo
**23c. DATE SIGNED**: June 4, 1949

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 6/5/49
**24c. NAME OF CEMETERY OR CREMATORY**: Union Cemetery
**24d. LOCATION** (City, town, or county) (State): Iberia, Missouri

DATE REC'D BY LOCAL REG.: June 4 1949
REGISTRAR'S SIGNATURE: Jessie Perkins
**25. FUNERAL DIRECTOR'S SIGNATURE**: Walter P. Hedges — ADDRESS: Iberia, Missouri

(Licensed Embalmer's Statement on Reverse Side)

## 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 Walter P. Hedges, Student Embalmer No. ....., working under my personal supervision.

Signed Walter P. Hedges

Signed .....
Student Embalmer

Licensed Embalmer No. 4265

P. O. Address Iberia, Missouri

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.