

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 5 1949

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

BIRTH NO. _____		REG. DIST. NO. <u>178</u>		PRIMARY REG. DIST. NO. <u>5664</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Lewis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Reddish Twp</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Reddish Twp</u>		56			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10 mi. North of LaBelle.</u>				d. STREET ADDRESS (If rural, give location) <u>10 mi. N. of La Belle, Mo.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eza</u>			b. (Middle)		c. (Last) <u>Patrick</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 24 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 4, 1883</u>		9. AGE (In years last birthday) <u>66</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Williamstown, Mo.</u>			12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>Anthony Patrick</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Boltz</u>			14. NAME OF HUSBAND OR WIFE <u>Minnie Patrick</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Patrick</u> ADDRESS <u>LaBelle, Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						4701	
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)		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Sept. 24, 1949</u> , to <u>Sept. 24, 1949</u> , that I last saw the deceased alive on <u>Sept. 24, 1949</u> , and that death occurred at <u>1:00 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Harry L. McBracken</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>La Belle, Missouri</u>			23c. DATE SIGNED <u>9/25/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/26/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Knox City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Knox City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9-27-49</u>		REGISTRAR'S SIGNATURE <u>E. J. Jennings</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. ...</u> ADDRESS <u>...</u>				

RECEIVED OCT 3 1949  
District Health Officer No. 10  
District File Number 10-49-162  
~~Date Filed~~ OCT 3 1949

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 Don Marler

Licensed Embalmer No. 4430

P. O. Address Quincy City, 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.