

FILED DEC 21 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

43341

State File No.

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

| | | | | | | | |
|---|--|---|---|--|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>324</u> | | PRIMARY REG. DIST. NO. <u>3072</u> | | Registrar's No. <u>221</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Saline</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u> | | c. LENGTH OF STAY (In this place) <u>1 yr. 4 mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>527 N. Lyon</u> | | | | d. STREET ADDRESS (If rural, give location) <u>527 N. Lyon</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CURTIS</u> | | b. (Middle) <u>LAMAR</u> | | c. (Last) <u>PATRICK Sr.</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 5, 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>Mch. 11, 1876</u> | |
| | | | | 9. AGE (In years last birthday) <u>73</u> | | 10. MONTHS <u> </u> DAYS <u> </u> MIN. <u> </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 <u> </u> | | | 11. BIRTHPLACE (State or foreign country) <u>Illinois</u> | |
| | | | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Ranson R. Patrick</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Rachel Livingston</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Mary E. Patrick</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u> </u> | | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary E. Patrick Marshall, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Lung</u> | | | | | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u> | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | <u>163X</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.) | | 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>October, 1949</u> to <u>Dec 5, 1949</u> , that I last saw the deceased alive on <u>Dec 4, 1949</u> , and that death occurred at <u>10:15 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>R. K. Lawrence Jr.</u> (Degree or title) <u>(M.D.)</u> | | | | 23b. ADDRESS <u>Marshall, Mo.</u> | | 23c. DATE SIGNED <u>12/5/49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Dec. 7, 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Marshall Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>Dec. 6-1949</u> | | REGISTRAR'S SIGNATURE <u>Sidney J. Gray</u> <u>385</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harry Hershberger Marshall, Mo.</u> | | | |

RECEIVED

DEC 12

District Health Officer No. 8,

District File Number _____

Date Filed 12-20-49

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

Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Marshall, 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.