

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1582

State File No.

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Johnson.</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Warrensburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Warrensburg.</u>	
c. LENGTH OF STAY (in this place) <u>29yrs</u>		d. STREET ADDRESS (If rural, give location) <u>420, E. Market. st.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joshua</u>		b. (Middle) <u>Luther</u>	
c. (Last) <u>Patterson.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 3, 1950.</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>Nov. 28, 1872</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>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>news paper distribution</u>	11. BIRTHPLACE (State or foreign country) <u>Johnson Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>			
13a. FATHER'S NAME <u>Joshua Patterson</u>		13b. MOTHER'S MAIDEN NAME <u>Francis Norman.</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Mary Patterson.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>491-32-2578</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Patterson.</u>		ADDRESS <u>Warrensburg, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pulmonary embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lobar Pulmonary Pneumonia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>		19d. <u>49DX</u>	
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) _____ m.		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>12-15, 1949</u> , to <u>1-3, 1950</u> , that I last saw the deceased alive on <u>1-3, 1950</u> , and that death occurred at <u>9 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. Lee Cooper, M.D.</u>		23b. ADDRESS <u>Warrensburg Mo</u>	
23c. DATE SIGNED <u>1-5-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5, Jan. 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 5, 1950</u>		REGISTRAR'S SIGNATURE <u>Sarahab Mitchell</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney Phillips.</u>		ADDRESS <u>Warrensburg, 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. 358

working under my personal supervision.

Student

Leo P. McQuirk
Student Embalmer

Signed

J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg, 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.