

S. No. 300
v. 10.48

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8008

State File No.

0210

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

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5243 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Chauton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Chauton</u>	
b. CITY OR TOWN <u>Rural Chauton</u> <small>(If outside corporate limits and RURAL, give township)</small>		c. CITY OR TOWN <u>Rural Chauton</u> <small>(If outside corporate limits, write RURAL, and give township)</small>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shannondale</u>		d. STREET ADDRESS <u>Shannondale</u> <small>(If rural, give location)</small>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>-</u> c. (Last) <u>Patterson Sr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 9, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED <u>Widowed</u>	8. DATE OF BIRTH <u>July 4, 1883</u>
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Mins _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTH PLACE (State or foreign country) <u>Mississippi</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Not Known</u>		13b. MOTHER'S MAIDEN NAME <u>Not Known</u>	
14. NAME OF HUSBAND OR WIFE <u>Martha Ann Hayes</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> <small>(If yes, give war or dates of service)</small>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Jane Hayes</u>		ADDRESS <u>Salisbury Mo RR 4</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <small>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</small>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral sclerosis</u> DUE TO (c) <u>broncho-pneumonia 2-27-50 to 3-2-50</u> II. OTHER SIGNIFICANT CONDITIONS <small>Conditions contributing to the death but not related to the disease or condition causing death.</small>	
INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> <u>5 yrs</u>			
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE _____ <small>(Specify)</small>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ <u>332 X</u>	
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>Feb 27, 1950</u> to <u>March 9, 1950</u> that I last saw the deceased alive on <u>March 1, 1950</u> , and that death occurred at <u>4:50 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. L. Sporn</u> (Degree or title) _____		23b. ADDRESS <u>Salisbury Mo</u>	
23c. DATE SIGNED <u>3-12-50</u>			
24a. BURIAL, CREMATION, REMOVAL (By what?) <u>Burial</u>	24b. DATE <u>Mar. 12, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Green</u>	24d. LOCATION (City, town, or county) (State) <u>Forest Green, Mo</u>
DATE REC'D BY LOCAL REG. <u>3/12/50</u>	REGISTRAR'S SIGNATURE <u>J. W. Rowles</u> 55	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cludsky - Fremont Glasgow, Mo</u> ADDRESS _____	

RECEIVED MAR 20

District Health Officer No. 8,

District File Number.....

Date Filed 3-22-50

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

Ed J. Greenough

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.