

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13913**

FILED MAY 8 1950

BIRTH NO. _____ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3047** Registrar's No. **42**

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NEWTON	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NEOSHO		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GRANBY	
d. FULL NAME OF HOSPITAL OR INSTITUTION SALE MEMORIAL Hosp.		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) DONNA FAYE PATTERSON			4. DATE OF DEATH (Month) (Day) (Year) APR. 22 1950		
5. SEX FEM.	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT	8. DATE OF BIRTH JULY 15 1947	9. AGE (In years last birthday) 2	9. AGE (In years last birthday) 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Newton County Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME EDWARD PATTERSON	13b. MOTHER'S MAIDEN NAME LOIS FAYE LAIR	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME EDWARD PATTERSON	ADDRESS GRANBY R#2
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 20 Burns 50% Body Superficial		DUE TO (b) _____		59170 11
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Granby Newton Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 21 1950 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Baby fell in boiling water
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22. I hereby certify that I attended the deceased from **April 21, 1950**, to **April 21, 1950**, that I last saw the deceased alive on **April 21, 1950**, and that death occurred at **2:09** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. L. Carter M.D.	23b. ADDRESS Neosho, Mo.	23c. DATE SIGNED April 22 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-23-1950	24c. NAME OF CEMETERY OR CREMATORY OAKWOOD	24d. LOCATION (City, town, or county) (State) Newton Co. Missouri
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DATE REC'D BY LOCAL REG. April 22, 1950	REGISTRAR'S SIGNATURE W. L. Brown	25. FUNERAL DIRECTOR'S SIGNATURE Conley Thompson	ADDRESS Neosho, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5730

RECEIVED

District Health Officer No. Newton Co. Health Dept.

District File Number 550-92

Date Filed APR 25 1950
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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 Rollie Kessel

Licensed Embalmer No. 4690

P. O. Address Neosho, 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.