

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 104

0124

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

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff	c. LENGTH OF STAY (If in this place) 2 wks.	c. CITY (If outside corporate limits, write RURAL and give township) Bloomfield 1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital		d. STREET ADDRESS (If rural, give location) ----	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) N. c. (Last) PATTERSON			4. DATE OF DEATH (Month) (Day) (Year) Feb. 21, 1951		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Oct. 25, 1859		9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days 26	IF UNDER 1 MIN. Hours 	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad work		10b. KIND OF BUSINESS OR INDUSTRY ----		11. BIRTHPLACE (State or foreign country) Tennessee		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
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13a. FATHER'S NAME Jonathan F. Patterson		13b. MOTHER'S MAIDEN NAME NOT KNOWN		14. NAME OF HUSBAND OR WIFE DECEASED	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Bon Aslin, Bloomfield, Mo. R. F. D.		ADDRESS	
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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, asphyxiation, 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) Asphyxiation							
ANTECEDENT CAUSES		DUE TO (b) cardiac failure					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) pneumonia				493X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Atherosclerosis (arteriosclerosis)					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 2-10, 1951, to 2-21, 1951, that I last saw the deceased alive on 2-21, 1951, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE A. A. Markel M.D.		23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 22-51	24c. NAME OF CEMETERY OR CREMATORY Walkers cemetery	24d. LOCATION (City, town, or county) (State) Stoddard co., Missouri		
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DATE REC'D BY LOCAL REG. Feb. 26 1951	REGISTRAR'S SIGNATURE Wm. H. Johnson		428		25. FUNERAL DIRECTOR'S SIGNATURE CHILES UND. CO. Bloomfield, Mo.	ADDRESS
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RECEIVED

MAR 7 1951

BUTLER CO. HEALTH CENTER

FILE No. 35-113

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed No. Embalming.

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.