

No. 300  
10-48

FILED JUL 23 1951  
7-23-51

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22741**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **120** PRIMARY REG. DIST. NO. **2000** Registrar's No. **624**

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Clair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Lowry City</b>	
c. LENGTH OF STAY (in this place) <b>8 days</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>OZARK OSTEOPATHIC HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Samuel Earnest</b> b. (Middle) <b>Pattison</b> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>July 17 1951</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 27, 1876</b>	9. AGE (In years last birthday) <b>74</b>	10. UNDER 1 YEAR Months <b>10</b> Days <b>20</b>	11. UNDER 28 HRS. Hours <b>1</b> Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Washington County Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>James Pattison</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Manatt</b>	14. NAME OF HUSBAND OR WIFE <b>Carrie Pattison</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Louise Camey, Humansville, Mo.</b>	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Circulatory failure</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Advanced cardiac failure and mitral stenosis</b>		
	DUE TO (c) <b>rheumatic fever in early life</b>		
11. 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 <b>410X</b>	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 July 8, 1951, to July 17, 1951, that I last saw the deceased alive on 7-16, 1951, and that death occurred at 7:10a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Richard E. W. [Signature]</b>	23b. ADDRESS <b>Springfield, Mo.</b>	23c. DATE SIGNED <b>7-17-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/19/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lowry City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lowry City Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7-19-51</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

1396  
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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..... *J. B. Goodrich* .....

Licensed Embalmer No. *3038* .....

P. O. Address *Osceola, 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.