

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

0840  
24050  
State File No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5982 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Red Tap (Mooney Twp)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Red Tap (Mooney Twp)</u>	
c. LENGTH OF STAY in this place <u>60 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>6 Mi. S.W. of Red Tap</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 Mi. S.W. of Red Tap</u>			

3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>Elizabeth (Mollie)</u> c. (Last) <u>Patterson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 18 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 4 1878</u>
9. AGE (In years last birthday) <u>72</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	
11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>R. Cowan</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Jones</u>	14. NAME OF HUSBAND OR WIFE <u>James Riley Patterson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. R. Patterson</u> ADDRESS <u>Red Tap 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</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 <u>4201</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) _____	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 June 19 1951 to 6-18 1951, that I last saw the deceased alive on 6-17 1951, and that death occurred at 11 mi. from the causes and on the date stated above.

23. SIGNATURE <u>D. O. Cameron</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Buffalo Mo</u>	23c. DATE SIGNED <u>6-22-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 20/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rock Chase Cemetery Near Pleasant Hope Mo</u>	24d. LOCATION (City, town, or county) (State) _____
DATE REC'D BY LOCAL REG. <u>June 27 1951</u>	REGISTRAR'S SIGNATURE <u>Ralph Gardner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Keenan</u> ADDRESS <u>Pleasant Hope Mo</u>	

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

840

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JUL 5 1951

Dist. File 225-122

Date Filed 7-12-51

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.....  
Student Embalmer

Signed William B. Carlin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.