No. 300
10.48

FILED AUG 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26631

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 719

1. PLACE OF DEATH
a. COUNTY 0396 GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield
c. LENGTH OF STAY (in this place) 1 hr - 5 min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) OZARK OSTEOPATHIC HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ozark, Rural 0390
d. STREET ADDRESS (If rural, give location) RFD#2 1

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) Sherrod
c. (Last) Patterson

4. DATE OF DEATH (Month) Aug. (Day) 22 (Year) 1951

5. SEX male

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH November 26 1875

9. AGE (In years last birthday) 75 — If under 1 year: Months 9, Days 27 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY FARM

11. BIRTHPLACE (State or foreign country) Ozark, Mo. RFD 2

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Stanton L. Patterson

13b. MOTHER'S MAIDEN NAME Susan E. Cox

14. NAME OF HUSBAND OR WIFE Maggie Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME Stanton W. Patterson, R#11 — **ADDRESS** Springfield Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory failure — 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) Coronary Thrombosis with myocardial infarction

DUE TO (c) Arteriosclerosis

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 4201

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/22, 1951, *to* 8/22, 1951, *that I last saw the deceased alive on* 8/22, 1951, *and that death occurred at* 10:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Leland E. Wright (Degree or title) DO

23b. ADDRESS Springfield Mo.

23c. DATE SIGNED 8/22/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Aug. 24, 51

24c. NAME OF CEMETERY OR CREMATORY Hopedale

24d. LOCATION (City, town, or county) Christian Co. (State) Mo.

DATE REC'D BY LOCAL REG. 8-22-51

REGISTRAR'S SIGNATURE W. E. Handley M.D.

25. FUNERAL DIRECTOR'S SIGNATURE R. B. Chaffin **ADDRESS** Ozark Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 T. B. Chaffin

Licensed Embalmer No. 2182

P. O. Address Dark, Me

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.