No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 5837

State File No. 42437

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5897 Registrar's No. 2

0770
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY Ozark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Elyah
c. LENGTH OF STAY (in this place) 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Ozark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Elyah, Mo 0770
d. STREET ADDRESS (If rural, give location) R F D

3. NAME OF DECEASED (Type or Print) a. (First) Vertis S. R. b. (Middle) Pattarf c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) 12-26-51

5. SEX M O
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M 1
8. DATE OF BIRTH 10-9-1890
9. AGE (In years last birthday) 61 IF UNDER 1 YEAR Months 2 Days 17 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 ✓
11. BIRTHPLACE (State or foreign country) Mason City 1 Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Walter Pattarf
13b. MOTHER'S MAIDEN NAME Dora Osborn
14. NAME OF HUSBAND OR WIFE Bernice Pattarf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. 399-07-7949
17. INFORMANT'S SIGNATURE OR NAME Mrs V. S. Pattarf ADDRESS

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) Heart attack — INTERVAL BETWEEN ONSET AND DEATH Sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

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 4343
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 _____, 19__ to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 9:30 P m., from the causes and on the date stated above.*

23a. SIGNATURE C. A. Roof 3 (Degree or title) Coroner
23b. ADDRESS Gainesville Mo
23c. DATE SIGNED 1/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify) B U
24b. DATE 12-29-51
24c. NAME OF CEMETERY OR CREMATORY Baptist Hill
24d. LOCATION (City, town, or county) (State) Bakersfield Mo

DATE REC'D BY LOCAL REG. 1-9-52
REGISTRAR'S SIGNATURE Thana Mahan 461 0
25. FUNERAL DIRECTOR'S SIGNATURE Robertson, West Plains Mo ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 D D Roberts

Licensed Embalmer No. 3437

P. O. Address West Palm

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.