

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20914

State File No. _____

FILED JUN 20 1952

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 91

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| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u> | | c. LENGTH OF STAY (in this place) <u>6 days</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jane Chinn Hospital</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Alba</u> | |
| | | d. STREET ADDRESS (If rural, give location) _____ | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>RAY</u> b. (Middle) _____ c. (Last) <u>PATTERSON</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 11, 1952</u> | | |
|---|--|--|---|--|--|

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|--------------------|-------------------------------|---|--|---|--------------------------------|---------------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>December 9, 1888</u> | 9. AGE (In years last birthday) <u>63</u> | # UNDER 1 YEAR (Days) <u>6</u> | # UNDER 1 HRS. (Hours) <u>2</u> |
|--------------------|-------------------------------|---|--|---|--------------------------------|---------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner Retired</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>John H. Patterson</u> | 13b. MOTHER'S MAIDEN NAME <u>Minnie Hope</u> | 14. NAME OF HUSBAND OR WIFE <u>Goldie Patterson</u> |
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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) <u>YES</u> | 16. SOCIAL SECURITY NO. <u>488-1988</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Goldie Patterson</u> | ADDRESS <u>Alba, Missouri</u> |
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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) <u>Decompensation Right heart</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Palmonary congestion in bilateral</u> | | |
| | DUE TO (c) <u>Sclerosis</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS-- Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT (Specify) _____ | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>5230</u> |
|-------------------------------|--|--|

| | | |
|---|--|----------------------------------|
| 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 1938, 19____, to 6-11, 1952, that I last saw the deceased alive on 6-10, 1952, and that death occurred at 2:45 a.m., from the causes and on the date stated above.

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|--|------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Goldie Patterson</u> (Deagan or title) | 23b. ADDRESS <u>Alba, Missouri</u> | 23c. DATE SIGNED <u>6-13-52</u> |
|--|------------------------------------|---------------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>June 13, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Purcell Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Purcell, Missouri</u> |
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|---|--|---|------------------------------------|
| DATE REC'D BY LOCAL REG. <u>6-13-52</u> | REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge Lewis</u> | ADDRESS <u>Webb City, Missouri</u> |
|---|--|---|------------------------------------|

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

492

RECEIVED 6-16-52
Jasper County Health Office

County File Number 52/6/482

Date Filed 6-12-52

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 Leon J. Lewis Jr.

Licensed Embalmer No. 4561

P. O. Address Webb City, 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.