S. No. 300
v. 10-48

TED OCT 14 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

30974

State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 317

164
0

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

**1. PLACE OF DEATH**
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau, Mo.
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Francis Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murphysboro, 8120
d. STREET ADDRESS (If rural, give location): 435 South I5th Street

**3. NAME OF DECEASED** (Type or Print)
a. (First): Rosse
b. (Middle): ------
c. (Last): Patterson

**4. DATE OF DEATH** (Month) (Day) (Year): Oct, 3 I952

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Single 0
**8. DATE OF BIRTH**: April 3rd I892
**9. AGE** (In years last birthday): 60 — IF UNDER 1 YEAR: Months 6, Days — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Municipal Bond Saleman & Buyer
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): St. Paul, Minn. 1
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A

**13a. FATHER'S NAME**: Alfred Patterson
**13b. MOTHER'S MAIDEN NAME**: Caroline Danzingburg
**14. NAME OF HUSBAND OR WIFE**: Single

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Sylvester Belsano, 435 S 15 Murphysboro

**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 Polio-myelitis Bulbar
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.*

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: 0800
**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* 10/1, 1952, *to* 10/3, 1952, *that I last saw the deceased alive on* 10/3, 1952, *and that death occurred at* 5 a. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): J. H. Kenin, MD
**23b. ADDRESS**: Cape Girardeau, Mo
**23c. DATE SIGNED**: 10/4/52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Oct, 5th I952
**24c. NAME OF CEMETERY OR CREMATORY**: Tower Grove
**24d. LOCATION** (City, town, or county) (State): Murphysboro, Ill

**DATE REC'D BY LOCAL REG.**: 10-4-52
**REGISTRAR'S SIGNATURE**: C. C. Summers 44-4
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: [illegible] Cape Girardeau Mo

(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 C. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

**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.