

FILED FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2317

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 242 PRIMARY REG. DIST. NO. 4367 Registrar's No. 2

0730  
1

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

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Morehouse</u>		c. LENGTH OF STAY (in this place) <u>yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Morehouse</u>	
		d. STREET ADDRESS (If rural, give location) <u>---</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDDIE</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>PATRICK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 16, 1953</u>		
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>Aug. 9, 1889</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mill worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber mill</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bloomfield, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>John Patrick</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Lou Lewis</u>	14. NAME OF HUSBAND OR WIFE <u>Rosa Patrick</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. <u>496-14-4680</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eva Lou Copeland</u>	ADDRESS <u>Morehouse, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma of Pancreas</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
	ANCEDECENT 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. <u>As cited</u>		<u>157X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Jan 14, 1953, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on Jan 14, 1953, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Audra B. Smith MD</u>	23b. ADDRESS <u>St. Louis, Missouri</u>	23c. DATE SIGNED <u>21 Jan 53</u>
--	---	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 18-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walker cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stoddard co. Mo.</u>
---	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>1-28-53</u>	REGISTRAR'S SIGNATURE <u>Thomas M. Shetter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>CHILES UND. CO.</u>	ADDRESS <u>Bloomfield, Mo.</u>
---	--	---	--------------------------------

NOV 21 1958

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 Lulu

Cooper # 3499 Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ivan C. Cooper  
Licensed Embalmer No. 4119

P. O. Address Bloofield, 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.