No. 300
10.48

FILED MAR 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5855 — 5857 State File No. 10791

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. ~~3046~~ Registrar's No. 67

0740
3

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

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maryville - White Cloud Twp
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Nodaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maitland 0740
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Lillian
b. (Middle): Frances
c. (Last): Patterson

4. DATE OF DEATH (Month) (Day) (Year): 3-16-1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 9-27-1921
9. AGE (In years last birthday): 31 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Mound City - Mo - 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Elwin E. Carson
13b. MOTHER'S MAIDEN NAME: Mary L. Terry
14. NAME OF HUSBAND OR WIFE: Eugene Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Eugene Patterson - Maitland 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): chest injury Internal — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Internal chest hemorrhage and pressure suffication
DUE TO (c): Upset Truck

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: no operation 074
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): White Cloud Twp. Nodaway Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3 - 16 - 53 - P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: upset cattle Truck - body under cab of Truck

22. *I hereby certify that I attended the deceased from* not seen, *19___, to _____, 19___, that I last saw the deceased alive on* not seen, *and that death occurred at* 11 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L E Dean Coroner 0 M D
23b. ADDRESS: Maryville Mo
23c. DATE SIGNED: 3-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-19-1953
24c. NAME OF CEMETERY OR CREMATORY: K. of P. Cem
24d. LOCATION (City, town, or county) (State): Maitland - Mo -

DATE REC'D BY LOCAL REG.: 3-28-53
REGISTRAR'S SIGNATURE: Bess Holt 227
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: S M Atcheson Maryville 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 G. M. Atchison

Licensed Embalmer No. 2279

P. O. Address Marysville, 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.