

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14787**

FILED MAY 2 1953

BIRTH NO.		REG. DIST. NO. <b>160</b>	PRIMARY REG. DIST. NO. <b>5592</b>	Registrar's No. <b>39</b>
1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) b. STATE <b>ARK.</b> c. CITY (If outside corporate limits, write RURAL and give township) <b>PARAGOULD</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MOUNTAIN VIEW CONV. HOME</b>		b. COUNTY <b>UNK.</b> c. CITY (If outside corporate limits, write RURAL and give township) <b>8030</b> d. STREET ADDRESS (If rural, give location) <b>8</b>
3. NAME OF DECEASED (First) <b>THOMAS</b> (Type or Print)		b. (Middle) <b>STANFORD</b>		c. (Last) <b>PATRICK</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>APR 26 1953</b>	5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>MAY 24 1973</b>
9. AGE (In years last birthday) <b>79</b>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RET. CARPENTER</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>LEAVEN WORTH IND.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>BRICE PATRICK</b>	13b. MOTHER'S MAIDEN NAME <b>HARRIET FORBES</b>	14. NAME OF HUSBAND OR WIFE <b>ERIE MAUDE PATRICK</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>UNK.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ARTHUR R. PATRICK HILLSBORO</b> 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>coronary occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>		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 <b>4-1-</b> , 19 <b>53</b> , to <b>4-26-</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>4-26-</b> , 19 <b>53</b> , and that death occurred at <b>4:10A</b> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>Arthur R. Patrick M.D.</b>		23b. ADDRESS <b>Crystal City, Mo</b>	23c. DATE SIGNED <b>4-26-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>APR. 26 1953</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>PARAGOULD ARK.</b>	
DATE REC'D BY LOCAL REG. <b>4-26-53</b>	REGISTRAR'S SIGNATURE <b>Genevieve R. Pollette</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Donnell B. Dietrich</b> ADDRESS <b>Adelphi Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED APR 30 1953

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

*Donnell B. Dietrich*

Licensed Embalmer No.

*4104*

P. O. Address

*Osceola 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.