

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18806

State File No.

FILED MAY 26 1953
BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 46

732

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

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Noel	
c. LENGTH OF STAY (if in place) 2 days		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sales Memorial Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Gabriel b. (Middle) Patrick c. (Last) Patrick			4. DATE OF DEATH (Month) (Day) (Year) 4-30-1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH 10-8-1877
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crippled—couldn't work	11. BIRTHPLACE (State or foreign country) Fayetteville, Arkansas
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crippled—couldn't work		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Meredeth Patrick		13b. MOTHER'S MAIDEN NAME Margaret Gibson	14. NAME OF HUSBAND OR WIFE
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. George Wilhelms-Noel, Missouri
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) Coronary Thrombosis ANTECEDENT CAUSES 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.	
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) 4201
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 Feb. 1951 , to 4-30, 1953 , that I last saw the deceased alive on 4-29, 1953 , and that death occurred at 12:30A. , from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS Neosho Mo	23c. DATE SIGNED May 6-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-4-1953	24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant cemetery	24d. LOCATION (City, town, or county) (State) Near Hiwasse, Arkansas
DATE REC'D BY LOCAL REG. 5-11-53	REGISTRAR'S SIGNATURE Melvin C. Bourne	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Siloam Springs, Ark.	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No: NEWTON COUNTY HEALTH UNIT
District File Number 553-108
Date Filed 5/25/53

NEOSHO, MISSOURI

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 EP Pyatt

Licensed Embalmer No. 3211

P. O. Address

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.