

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8401**  
REG. DIST. NO. **131** PRIMARY REG. DIST. NO. **4218** Registrar's No. **313**

FILED APR 5 1954

No. 300  
10.48

420

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

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Windsor</b>		c. LENGTH OF STAY (In this place) <b>11 years</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>109 W. Kentucky</b>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Windsor</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>THOMAS</b> c. (Last) <b>PATRICK</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 26, 1954</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Sept. 18, 1869</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>84</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.
11. BIRTHPLACE (City and State or Foreign Country) <b>Pilot Grove, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Walter Patrick</b>		13b. MOTHER'S MAIDEN NAME <b>Anna K Taylor</b>	
14. NAME OF HUSBAND OR WIFE <b>Eva Drace 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>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. James T. Patrick, Windsor, Mo.</b> ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 yrs.</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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. <b>Cerebral Hemorrhage</b>		<b>1952</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>None</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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		<b>331 X</b>	
22. I hereby certify that I attended the deceased from <b>Mar 19, 1954</b> , to <b>Mar 26, 1954</b> , that I last saw the deceased alive on <b>March 26, 1954</b> , and that death occurred at <b>8:15 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>J.A. Beckwith M.D.</b>		23b. ADDRESS <b>Windsor, Mo.</b>	
23c. DATE SIGNED <b>Mar 27-54</b>		24. LOCATION (City, town, or county) (State) <b>Windsor, Missouri</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-28-54</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Oak</b>		24d. NAME OF CEMETERY OR CREMATORY <b>Windsor, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Mar 28-54</b>		REGISTRAR'S SIGNATURE <b>Florena Udair</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Huston Turner</b>		ADDRESS <b>Windsor, Mo.</b>	

(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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, Missouri

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.