

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**9128**

State File No. ....

FILED APR 6 1954 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200C Registrar's No. 137

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jasper</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>	c. LENGTH OF STAY (in this place) township) <u>2 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Noel</u> <u>0600</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>801 Highland St.</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Ellis</u> c. (Last) <u>Patrick</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Mar. 24 1954</u>		
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Mar. 16, 1905</u>	<b>9. AGE</b> (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Neosho, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>

<b>13a. FATHER'S NAME</b> <u>Bud Patrick</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Ellen Willhelm</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Effie Patrick</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Effie Patrick</u>		<b>ADDRESS</b> <u>Joplin, Mo.</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Extreme mal-nutrition</u>	II. ANTECEDENT CAUSES DUE TO (b) <u>Pancreatic fistula</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Chronic benign gastric ulcer.</u>			<u>10 months</u>
III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5400</u>				<u>17 years</u>

<b>19a. DATE OF OPERATION</b> <u>11-30-53</u>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Large benign perforating gastric ulcer.</u>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 11-18, 1953, to 3-16, 1954, that I last saw the deceased alive on 3-22, 1954, and that death occurred at 8 A m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>B. E. DeTang, Jr., M.D.</u>	<b>23b. ADDRESS</b> <u>410 Jackson Joplin, Mo.</u>	<b>23c. DATE SIGNED</b> <u>3/27/54</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Mar. 28, 1954</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Anderson Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Anderson Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>3-31-54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u>	<b>ADDRESS</b> <u>[Address]</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 5 19  
Jasper County Health Office  
County File Number 54-4-2  
Date Filed APR 5 19

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 \_\_\_\_\_

*EB*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed *EP Pyatt* \_\_\_\_\_

Licensed Embalmer No. *3215* \_\_\_\_\_

P. O. Address *Libram Jasper* \_\_\_\_\_

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.