No. 300
10.48

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

FILED JUN 30 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20002

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 2056 Registrar's No. 150

1. PLACE OF DEATH

a. COUNTY: RANDOLPH

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOBERLY

c. LENGTH OF STAY (in this place): 5 DA.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): WOODLAND HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: MISSOURI

b. COUNTY: AUDRAIN

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MEXICO 0043

d. STREET ADDRESS (If rural, give location): 209 E PROMENADE

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) RUSSELL c. (Last) PATRICK

4. DATE OF DEATH (Month) (Day) (Year): JUNE 22 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: AUG 19, 1900

9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months 10 Days 3 — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PLUMBER

10b. KIND OF BUSINESS OR INDUSTRY: PLUMBING CONTRACTING

11. BIRTHPLACE (State or foreign country): MONROE CO. MO.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: WM PATRICK

13b. MOTHER'S MAIDEN NAME: MARY ELIZABETH POWELL

14. NAME OF HUSBAND OR WIFE: ELZIA MAE PATRICK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): W.W. II

16. SOCIAL SECURITY NO.: 496-18-3465

17. INFORMANT'S SIGNATURE OR NAME: WILEY PATRICK — ADDRESS: PARIS, MO.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 week

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.

19a. DATE OF OPERATION: _____

19b. MAJOR FINDINGS OF OPERATION: 4201

20. AUTOPSY? YES ☐ NO ☒

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): _____ m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: _____

22. *I hereby certify that I attended the deceased from* June 15, 1954, *to* June 22, 1954, *that I last saw the deceased alive on* June 22, 1954, *and that death occurred at* 3:4 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Th Theo S. Fleming — (Degree or title): M.D.

23b. ADDRESS: MOBERLY MO.

23c. DATE SIGNED: 6/22/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 6-24-54

24c. NAME OF CEMETERY OR CREMATORY: WALNUT GROVE

24d. LOCATION (City, town, or county) (State): PARIS, MISSOURI

DATE REC'D BY LOCAL REG.: 6/24/54

REGISTRAR'S SIGNATURE: Leah William Lowe 269

25. FUNERAL DIRECTOR'S SIGNATURE: Speed & Blakey — ADDRESS: PARIS, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

JUL 14 195

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 E H Agnew

Licensed Embalmer No. 4000

PARIS, MISSOURI

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.