

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26713

State File No. ....

Aug  
FILED JAN 30 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 469 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Detailb</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Detailb</u>	
b. CITY OR TOWN <u>Osborn</u>		c. CITY OR TOWN <u>Osborn</u> <u>0220</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WALTER</u>	b. (Middle) <u>MACK</u>	c. (Last) <u>PATTERSON</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Aug 16 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 13 1876</u>	9. AGE (In years last birthday)	<u>78</u> Months <u>3</u> Days <u>3</u> Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>X X</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Churchill Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Milburn Patterson</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Patterson</u>	14. NAME OF HUSBAND OR WIFE <u>Hattie Patterson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Hattie Patterson Osborn Mo</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 Mo.</u> <u>2 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>	DUE TO (b) <u>Initial Regurgitation</u>	
	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 <u>410X</u>	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?

22. I hereby certify that I attended the deceased from Mar. 1952 to Aug 16 1954, that I last saw the deceased alive on Aug 12, 1954, and that death occurred at 7 A. m., from the causes and on the date stated above

23a. SIGNATURE <u>W. D. Spalding</u>	(Degree or title)	23b. ADDRESS <u>Plattsburg Mo</u>	23c. DATE SIGNED <u>Aug 17 54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>18/18/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brothern Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton County Mo.</u>
DATE REC'D BY LOCAL REG. <u>8-21-54</u>	REGISTRAR'S SIGNATURE <u>Roscoe Woodson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. W. Lyon</u>	ADDRESS <u>Plattsburg Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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**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

*Danell D. Ligon*

Licensed Embalmer No. 3640

P. O. Address Plattsburg, MD.

**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.