No. 300
10.48

FILED OCT 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34856

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 4407 Registrar's No. 365

0800

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

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): La Monte
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): La Monte 0800
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Elmer
b. (Middle): Forrest
c. (Last): Patterson

4. DATE OF DEATH (Month) (Day) (Year): 10-16-1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-11-1895
9. AGE (In years last birthday): 59 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): La Monte Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: A. O. Patterson
13b. MOTHER'S MAIDEN NAME: Estella La Rue
14. NAME OF HUSBAND OR WIFE: Winona Wheeler

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: Elmer Lee Patterson La Monte Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 12 mo

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: ✓ 151 X
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): Lamonte Pettis Mo
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 1, 1954, *to* Oct 16, 1954 *that I last saw the deceased alive on* Oct 16, 1954, *and that death occurred at* 6:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. W. Grove M.D.
23b. ADDRESS: Knob Noster Mo
23c. DATE SIGNED: Oct 18-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-19-54
24c. NAME OF CEMETERY OR CREMATORY: County Line
24d. LOCATION (City, town, or county) (State): La Monte Mo

DATE REC'D BY LOCAL REG.: 10-19-54
REGISTRAR'S SIGNATURE: Lavina Coontz Deputy 251
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Paul M. Moore La Monte Mo

(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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Moille Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.