

FILED JAN 3 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42065**

BIRTH NO. _____ REG. DIST. NO. **301** PRIMARY REG. DIST. NO. **4450** Registrar's No. **496**

910

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

1. PLACE OF DEATH a. COUNTY RIPLEY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY OREGON	
b. CITY (If outside corporate limits, write RURAL and give town) DONIPHAN		c. LENGTH OF STAY (in this place) 1 week	c. CITY OR TOWN RURAL 0150
d. FULL NAME OF HOSPITAL OR INSTITUTION COMMUNITY HOSPITAL		f. STREET ADDRESS (If rural, give location) W. OF GATEWOOD. MO.	
3. NAME OF DECEASED (Type or Print) a. (First) PRUDA b. (Middle) CATHERINE c. (Last) PATTERSON		4. DATE OF DEATH (Month) (Day) (Year) DEC. 7-1954	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT. 18-1875
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (City and State or Foreign Country) OREGON Co., MISSOURI
13a. FATHER'S NAME JOHN F. JOHNSON		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE MARION W. PATTERSON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME LAWRENCE PATTERSON - DONIPHAN. 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) Cerebral Hemorrhage ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension 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	
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 <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 May , 1951, to Dec 7 , 1954, that I last saw the deceased alive on 12-7 , 1954, and that death occurred at 8:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Frank Johnson M.D.		23b. ADDRESS Doniphan Mo	23c. DATE SIGNED 12-10-54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-10-54	24c. NAME OF CEMETERY OR CREMATORY LIBERTY CEM.	24d. LOCATION (City, town, or county) (State) OREGON Co. MO.
DATE REC'D BY LOCAL REG. 12-28-54		REGISTRAR'S SIGNATURE C.R. Johnson 277	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS EDWARDS FUNERAL HOME - DONIPHAN. MO

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.....
Signature of Student Embalmer

Signed *Gene Harrent*.....

Licensed Embalmer No. *4809*.....

P. O. Address *Donipha*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.