

FILED MAY 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12713

State File No.

BIRTH NO. _____ REG. DIST. No. 258 PRIMARY REG. DIST. No. 4342 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>MONTGOMERY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>MONTGOMERY</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JONESBURG</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JONESBURG</u> <u>0700</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>HARVEY</u> b. (Middle) <u>DILBERT</u> c. (Last) <u>PATTERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 27-55</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 2-1865</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>90</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>HAMILTON PATTERSON</u>		13b. MOTHER'S MAIDEN NAME <u>May Bardsley</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>←</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emma Patterson Jonesburg 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u> ANTECEDENT CAUSES <u>Cardiomyopathy eye</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Nephritis</u> 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 <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>192 X</u>	
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 <u>April 18, 1955</u> , to <u>April 27, 1955</u> ; that I last saw the deceased alive on <u>April 26, 1955</u> , and that death occurred at <u>12:45</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>James O. Helm M.D.</u>			23b. ADDRESS <u>New Florence Mo.</u>		23c. DATE SIGNED <u>4-28-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-29-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jonesburg</u>		24d. LOCATION (City, town, or county) (State) <u>Jonesburg Mo.</u>
DATE REC'D BY LOCAL REG. <u>May 2-55</u>		REGISTRAR'S SIGNATURE <u>Mrs May Miller</u> <u>206</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.A. Bardsley Jonesburg Mo</u>	

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

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

Carl Bading

Licensed Embalmer No. 4115

P. O. Address Lonsburg mo

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.