

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23007

State File No.

FILED JUL 25 1955

BIRTH NO. _____		REG. DIST. NO. <u>245</u>		PRIMARY REG. DIST. NO. <u>3047</u>		Registrar's No. <u>67</u>	
1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>			
b. CITY OR TOWN <u>NEOSHO</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>RURAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>E. Mc. CORD ST. & KCS. RY. TRACKS</u>				e. STREET ADDRESS (If rural, give location) <u>GRANBY TWP. 0730</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>STONIE</u> b. (Middle) <u>ALVIN</u> c. (Last) <u>PATTERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 5 1955</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH <u>FEB. 1 1915</u>	
9. AGE (In years last birthday) <u>40</u>		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PIINTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MINER-MECHANIC</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>STILLWELL OKLA.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>H.A. PATTERSON</u>		13b. MOTHER'S MAIDEN NAME <u>MARY LOUISE WEEKS</u>		14. NAME OF HUSBAND OR WIFE	
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>444-18-7844</u>		17. INFORMANT'S SIGNATURE OR NAME <u>H.A. PATTERSON, Neosho Mo. R#5</u> ADDRESS			
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>Broken Neck</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) <u>802 X 35</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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accidental</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>RAILWAY YARDS</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Neosho 073 Newton Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-5-55 4:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>TRAIN RAN OVER HIM.</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to <u>7-5</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7-5</u> , 19 <u>55</u> , and that death occurred at <u>4:30</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Corley Thompson</u>				23b. ADDRESS <u>Neosho, Mo.</u>		23c. DATE SIGNED <u>7-15-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-9-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GIBSON</u>		24d. LOCATION (City, town, or county) (State) <u>NEOSHO MISSOURI</u>	
DATE REC'D. BY LOCAL REG. <u>7/18/55</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Corley Thompson</u> ADDRESS <u>Neosho Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 25 1955

RECEIVED

NEWTON COUNTY

No.

Date

JUL 22 1955

Date

NEOSHO, MISSOURI

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..... [Signature] Licensed Embalmer No. 486

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