

STANDARD CERTIFICATE OF DEATH

30227

State File No.

FILED SEP 19 1955

BIRTH NO. REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4339 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARIS		c. CITY OR TOWN PARIS	
c. LENGTH OF STAY (in this place) LIFE		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION HILL ST.		STREET ADDRESS (If rural, give location) HILL ST 0690	

3. NAME OF DECEASED (Type or Print) a. (First) EDITH b. (Middle) MAUD c. (Last) PATRICK	4. DATE OF DEATH (Month) (Day) (Year) SEPT 16, 1955
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH NOV. 14, 1913	9. AGE (In years last birthday) 41 10. 10 11. 2 12. 2
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (City and State or Foreign Country) PARIS, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME CHAS. PATRICK	13b. MOTHER'S MAIDEN NAME LAUREL JAMES	14. NAME OF HUSBAND OR WIFE ✓
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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 LAUREL JAMES PATRICK ADDRESS PARIS MO
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 Days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None		
	DUE TO (c)		
11. 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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **9-13**, 1955, to **9-14**, 1955, that I last saw the deceased alive on **9-13**, 1955, and that death occurred at **12:15A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Mrs. W. H. Patrick M.D.	23b. ADDRESS PARIS, MO.	23c. DATE SIGNED 9-16-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-18-55	24c. NAME OF CEMETERY OR CREMATORY NALNUT GROVE	24d. LOCATION (City, town, or county) (State) PARIS, MO.
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DATE REC'D BY LOCAL REG. 9-17-55	REGISTRAR'S SIGNATURE J. D. Barnett M.D. 435-0	25. FUNERAL DIRECTOR'S SIGNATURE Speed Blakey ADDRESS PARIS, MISSOURI
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 23 1953

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.....
E. H. Hogue

Licensed Embalmer No. 4000

P. O. Address..... PARIS, MISSOURI

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.