

FILED JAN 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2204**

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049** Registrar's No. **44**

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Demiseot | | 2. USUAL RESIDENCE (Where deceased lived if institution: residence before admission) a. STATE Missouri b. COUNTY Demiseot | |
| b. CITY OR TOWN Hayti | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN Hayti | 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 303 West Grant | | e. STREET ADDRESS (If rural, give location) 303 West Grant | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Sammie b. (Middle) Patterson c. (Last) _____ | | 4. DATE OF DEATH (Month) (Day) (Year) Jan 16 1956 | |
| 5. SEX Male 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Feb 25, 1931 | 9. AGE (in years last birthday) 24 IF UNDER 1 YEAR Months 10 Days 21 IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor | 10b. KIND OF BUSINESS OR INDUSTRY Theater | 11. BIRTHPLACE (City and State or Foreign Country) Mississippi | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Jimmy Patterson | 13b. MOTHER'S MAIDEN NAME Kathie Smith | 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) No | 16. SOCIAL SECURITY NO. 492-16-6793 | 17. INFORMANT'S SIGNATURE OR NAME Katie Keller Hayti, Mo ADDRESS _____ | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pneumonia lobes bilaterally | | INTERVAL BETWEEN ONSET AND DEATH 6 days | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. unknown 490X | |
| 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) | 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 checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 14 Jan 1956 , to 16 Jan 1956 , that I last saw the deceased alive on 16 Jan 1956 , and that death occurred at 8:26 A.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Fulcooke MD (Degree or title) C | 23b. ADDRESS Caruthersville, Mo | 23c. DATE SIGNED 1-20-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 1-18-56 | 24c. NAME OF CEMETERY OR CREMATORY Canada Dutch Co | 24d. LOCATION (City, town, or county) (State) Canada Dutch Community Mo |
| DATE REC'D BY LOCAL REG. 1-23-56 | REGISTRAR'S SIGNATURE John St. German 4066-C | FUNERAL DIRECTOR'S SIGNATURE ADDRESS John St. German Hayti, Mo | |

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

1-29-56.

JAN 27 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JUN 12 1957

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 *John J. German*

Licensed Embalmer No. *430*

P. O. Address *Hayti,*

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.