

FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

3333

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 304 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY OR TOWN <u>Carrollton</u>		c. CITY OR TOWN <u>Carrollton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>15 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>107 S. Mason</u> <u>0170</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>613 West 7th</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>LLOYD</u> c. (Last) <u>PATTIE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 29, 1956</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Oct. 30 1892</u>		9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Builder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll Co, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>					

13a. FATHER'S NAME <u>W. P. Pattie</u>		13b. MOTHER'S MAIDEN NAME <u>Ravina Guillan</u>		13c. NAME OF HUSBAND OR WIFE <u>Mary Manning Pattie</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>not</u>		16. SOCIAL SECURITY NO. <u>487-22-0794</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. E. L. Pattie</u> ADDRESS <u>Carrollton Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 Months</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>Coronary sclerosis</u> <u>5 yrs</u>			
		DUE TO (c) <u>arteriosclerosis</u> <u>5 yrs</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Angina pectoris 5 yrs</u>			

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) <u>4201</u>	
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?	

22. I hereby certify that I attended the deceased from March 13, 1956, to March 29, 1956 that I last saw the deceased alive on March 29, 1956 and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ernest J. Salen D.</u>		23b. ADDRESS <u>Carrollton Mo.</u>		23c. DATE SIGNED <u>3-30-56</u>	
--	--	------------------------------------	--	---------------------------------	--

24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/1/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Gibson</u>		ADDRESS <u>Carrollton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/31/56</u>		REGISTRAR'S SIGNATURE <u>Wm. Herbert Calver</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

+ 51 0

---

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..... *Ben W. Gibson*

Licensed Embalmer No. *296*

P. O. Address *Carrollton*

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.