

pt. Health,  
& Welfare  
S. Public  
th Service

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v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41558  
STATE FILE NUMBER  
Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 2822

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Moberly</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Moberly</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>Wabash Employes</b> INSTITUTION <b>Hospital</b>				Length of stay in lb <b>Three Days</b>		d. STREET ADDRESS <b>1124 Buchanan</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>ARNOLD</b> Middle <b>CLARENCE</b> Last <b>PATRICK</b>				4. DATE OF DEATH Month <b>November</b> Day <b>22</b> Year <b>1957</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Sept. 24, 1906</b>		
9. AGE (In years last birthday) <b>51</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>		IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Conductor</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Wabash RR Company</b>		11. BIRTHPLACE (City and state or country) <b>Huntsville Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Sparrell Elmer Patrick</b>				14. MOTHER'S MAIDEN NAME <b>Temple Specie</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>521-05-4216</b>		17. INFORMANT Address <b>Mrs. Annie Mae Patrick, Moberly, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE - (a) <b>Cerebral Vascular Accident</b>							INTERVAL BETWEEN ONSET AND DEATH Hrs. <b>(?)</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____								
DUE TO (c) <b>Hypertension</b>							Years <b>(?)</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <b>331X</b>		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month _____ Day _____ Year _____								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from <b>Nov. 20, 1957</b> to <b>Nov. 22, 1957</b> and last saw <del>him</del> <b>her</b> alive on <b>Nov. 22, 1957</b> Death occurred at <b>3:00 P.M.</b> <input checked="" type="checkbox"/> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>L. K. McMurtry, M.D., Surgeon in Charge</b>				22b. ADDRESS <b>Wabash Employes' Hospital Moberly, Missouri</b>		22c. DATE SIGNED <b>11/22/57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11/24/1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Memorial Gardens</b>		23d. LOCATION (City, town, or county) (State) <b>Moberly, Missouri</b>		
24. FUNERAL DIRECTOR <b>Cater Funeral Home Moberly Mo.</b>				ADDRESS <b>Moberly Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11/24/57</b>		
				26. REGISTRAR'S SIGNATURE <b>Robert [Signature]</b>				

(Licensed Embalmer's Statement on Reverse Side)

DEC 10 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.....  
*R. M. Cater*

Licensed Embalmer No. *4117*

P. O. Address *Moberly 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.