

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029879

STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 274 Primary Registration District No. 305V Registrar's No. 336

Health,  
Welfare  
Public  
Service

300  
1-56 0

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sedalia</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>New Franklin</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bothwell Hosp.</b>			Length of stay in 1b	d. STREET ADDRESS <b>Box 112</b>			(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) <b>Milton Patrick</b>				First		Middle		Last		4. DATE OF DEATH <b>Aug. 17, 1958</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <b>Sept. 15, 1896</b>		9. AGE (In years last birthday) <b>61 yrs.</b>		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (One kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Self-Employed</b>			11. BIRTHPLACE (City and state or country) <b>Columbia, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13. FATHER'S NAME <b>Ennis Patrick</b>						14. MOTHER'S MAIDEN NAME <b>Annie Mack</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW1</b>			16. SOCIAL SECURITY NO. <b>498-22-8717</b>			17. INFORMANT <b>Mrs. Myrtle Patrick New Franklin, 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>Coronary occlusion</b>										INTERVAL BETWEEN ONSET AND DEATH <b>1 hour.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____										<b>4201</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"/>	
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.)								
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____											
20d. INJURY OCCURRED WHILE AT WORK <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>Aug 17 58</b> to <b>Aug 17-58</b> and last saw her/him alive on <b>Aug 17-58</b> Death occurred at <b>10:58 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <b>Chas. Gordon Stauffer MD</b> (Deceased's title)						22b. ADDRESS <b>Sedalia Mo</b>			22c. DATE SIGNED <b>8-18-58</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Aug. 18, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>New Gillespie Cem.</b>			23d. LOCATION (City, town, or county) <b>McCane, Mo.</b>			(State)	
24. FUNERAL DIRECTOR <b>Alexander Funk Home Sedalia, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>Aug 18 1958</b>		26. REGISTRAR'S SIGNATURE <b>Frances Shelby</b>					

(Licensed Embalmer's Statement on Reverse Side)

8581 8 100

OCT 17 1958

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.....  
*Eric Reynolds*

Licensed Embalmer No. *42*

P. O. Address *Sedalia*

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.