

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006616

STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. 274 Primary Registration District No. Registrar's No. 75

GILLESPIE FUNERAL HOME

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification

Doctor, coroner, etc. must use only standard nomenclature in Part I. All diseases in Part I must be causally related.

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>Pettis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Prairie Township</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Dresden</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3 miles N.E. Green Ridge</b> Length of stay in <b>3 hrs</b>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>CHARLIE WILLIS PATRICK</b>			4. DATE OF DEATH Month Day Year <b>Feb. 21, 1959</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>Feb. 28, 1888</b>
9. AGE (In years last birthday) <b>70</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	11. BIRTHPLACE (City and state or country) <b>Adrian County, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Green Patrick</b>	
13b. MOTHER'S MAIDEN NAME <b>Ann Rector</b>		14. NAME OF HUSBAND OR WIFE <b>Lettie M. Patrick</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or not unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>Not given</b>	
17. INFORMANT <b>Mrs. Lettie M. Patrick, Dresden, Missouri</b>		Address	
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>Acute Coronary Occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Art. cr. sclerotic Heart Disease</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4260	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.		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 <b>Dresden up to death as acting coroner</b>	
21. I attended the deceased from <b>Feb 21 59</b> to <b>7 1959</b> Death occurred at <b>Feb 21, 1959</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Samuel R. Edwards M.D.</b>		22b. ADDRESS <b>Sedalia Mo</b>	
22c. DATE SIGNED <b>2-23-59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Feb. 24, 1959</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Dresden</b>		23d. LOCATION (City, town, or county) (State) <b>Dresden, Missouri</b>	
24. FUNERAL DIRECTOR <b>D. W. HECKART, Sedalia, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>Feb 23 1959</b>	
26. REGISTRAR'S SIGNATURE <b>Frances Shelby</b>			

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  .....

Licensed Embalmer No. 5063 .....

P. O. Address *Adala, no* .....

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.