

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013853  
State File No. ....

FILED APR 20 1959

BIRTH NO. _____		REG. DIST. NO. <u>159</u>	PRIMARY REG. DIST. NO. <u>4249</u>	Registrar's No. <u>21</u>
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MO</u> COUNTY <u>JEFFERSON</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>HILLSBORO</u>		c. CITY OR TOWN <u>SANDY</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>RI HILLSBORO, MO</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>4 CEDAR GROVE N. H.</u>		3. NAME OF DECEASED a. (First) <u>FRANK</u> b. (Middle) <u>PATTERSON</u> c. (Last) _____		
4. DATE OF DEATH (Month) (Day) (Year) <u>APR 6 1959</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>		
8. DATE OF BIRTH <u>Unknown</u>		9. AGE (In years last birthday) (If under 1 year: Months) (If under 1 mo. Days) (Hours) (Min.) <u>Unk.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PIPE FITTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PIPE FITTING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KNOX COUNTY, IND</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>SAMUEL E. PATTERSON</u> 13b. MOTHER'S MAIDEN NAME <u>CORDELIA</u> 14. NAME OF HUSBAND OR WIFE <u>NORA PATTERSON</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EARL JACKMAN HAMILTON, OHIO</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>2</u> 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 <u>1957</u> , 19 <u>57</u> to <u>Apr 6, 1959</u> , that I last saw the deceased alive on <u>Apr 2, 1959</u> , and that death occurred at <u>7116 1/2 Ave</u> from the causes and on the date stated above.				
23a. SIGNATURE <u>John W. Drake M.D.</u> (Degree or title)		23b. ADDRESS <u>3606 Thravis St. Louis</u>		23c. DATE SIGNED <u>4-6-59</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-9-59</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Upper INDIANA CEM KNOX COUNTY IND</u>
24d. LOCATION (City, town, or county) (State) _____		DATE RECD BY LOCAL REG. <u>4/8/59</u> REGISTRAR'S SIGNATURE <u>Ortha Edwards Dep</u> 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DEXTER GARDNER Vincennes IND</u>		

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

DATE RECEIVED

APR 17 1959

APR 24 1959

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.....  
*Gerald J. Mahr*

Licensed Embalmer No. 497

P. O. Address De Soto

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.