

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016469

STATE FILE NUMBER

FILED MAY 5 1959 Registration District No. 338 Primary Registration District No. 6148 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural Castor</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Bloomfield</b> 1030 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>at home</b>		Length of stay in lb yrs. <b>3</b>	d. STREET ADDRESS (If outside, give location) <b>Route # 3</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>JOE THOMAS PATRICK</b>			4. DATE OF DEATH Month Day Year <b>Apr. 29, 1959</b>
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 20, 1892</b>
9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>on farm</b>	11. BIRTHPLACE (City and state or country) <b>Avert, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Jesse J. Patrick</b>	
13b. MOTHER'S MAIDEN NAME <b>Dora Cole</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</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.	17. INFORMANT Address <b>James Patrick, Bloomfield, Mo. R. #3</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>Bronchitis pneumonia</b> DUE TO (b) <b>Carcinoma of Lung</b> DUE TO (c) <b>1 Adenocarcinoma pneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>6 months</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>165X</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 WORK <input type="checkbox"/> NOT WHILE 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>March 29</b> to <b>April 28</b> and last saw him alive on <b>April 28, 1959</b> Death occurred at <b>12:45 p.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Stephen Paul</b> (Degree or title)		22b. ADDRESS <b>Bloomfield, Mo.</b>	
22c. DATE SIGNED <b>4-20-59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>May 2 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Walker cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Stoddard co. Missouri</b>
24. FUNERAL DIRECTOR <b>CHILES UNDCO. Bloomfield, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>May 2-1959</b>	26. REGISTRAR'S SIGNATURE <b>Ms. Mrs. L. Baker</b>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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, & by Lulu Cooper # 3499....., ~~Student Embalmer No.~~.....

~~working under my personal supervision~~

Student .....  
Signature of Student Embalmer

Signed Lulu B. Cooper.....

Licensed Embalmer No. 4119.....  
P. O. Address Bloomfield, 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.