THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-018254

STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Warrensburg — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Warrensburg Medical Center — Length of stay in 1b 5 Hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson
c. CITY OR TOWN Warrensburg — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 508 N. Holden — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Electra Middle Louise Last Patterson
4. DATE OF DEATH Month May Day 20 Year 1959
5. SEX Female
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH August 16, 1875
9. AGE (In years last birthday) 83 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Moniteau County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John B. Renshaw
13b. MOTHER'S MAIDEN NAME Rhoda Ann Ford
14. NAME OF HUSBAND OR WIFE William R. Patterson M.D
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 486-36-1475B
17. INFORMANT William R. Patterson M.D. Address Warrensburg, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Dissecting aneurysm of aorta Thoracic & abdominal — INTERVAL BETWEEN ONSET AND DEATH 6 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease — Years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 451 X
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 5-20-59 to 5-20-59 and last saw her/him alive on 5-20-59
Death occurred at 9:55 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. Leder, M.D.
22b. ADDRESS Warrensburg Mo
22c. DATE SIGNED 5/22/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-23-1959
23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery
23d. LOCATION (City, town, or county) (State) Warrensburg Missouri

24. FUNERAL DIRECTOR Sweeney-Phillips ADDRESS Warrensburg, Mo.
25. DATE RECD. BY LOCAL REG. May 22, 1959
26. REGISTRAR'S SIGNATURE Savannah Crutchfield

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 J. Earl Crust

Licensed Embalmer No. 3878

P. O. Address Warrenshurg

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.

11