

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023887
STATE FILE NUMBER

FILED JUN 23 1959 Registration District No. 353 Primary Registration District No. 6196 Registrar's No. 9

300
-57

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Licking</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Licking</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b <u>10 1/2</u>	d. STREET ADDRESS (If outside, give location) <u>107</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Ernest Carter Patterson</u>			4. DATE OF DEATH Month Day Year <u>June 15, 1959</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6-25-1891</u>	9. AGE (In years, months, days, hours, min.) At birth (day) <u>67</u>	IF UNDER 1 YEAR IF UNDER 24 HRS.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mail Carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Post Office</u>	11. BIRTHPLACE (City and state or country) <u>Texas Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>W.C. Patterson</u>		13b. MOTHER'S MARRIAGE NAME <u>Susan Jane Zellis</u>		14. NAME OF HUSBAND OR WIFE <u>Annie Murtl Patterson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <u>Yes. WWI</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Arthur Jackson Licking Mo</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>cardiac + pulmonary arrest</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 year.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>cachexia + debilitation</u>		
	DUE TO (c) <u>carcinoma tonsil due to carcinoma of the larynx.</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Do not refer to the terminal disease condition given in PART I (a)) <u>161X</u>			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 Month, Day, Year 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.) <u>Deal on arrival</u>	20f. CITY, TOWN, OR LOCATION <u>Licking Mo</u>	COUNTY	STATE
21. I attended the deceased from <u>Deal on arrival</u> to _____ and last saw her/him alive on _____ Death occurred at <u>12:15</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>B. J. Myers - DO.</u>			22b. ADDRESS <u>Licking Mo</u>	22c. DATE SIGNED <u>6-17-59</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>6-17-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Williams Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Texas Co Mo</u>
24. FUNERAL DIRECTOR <u>Smith & Ferguson Licking Mo</u>		25. DATE RECD. BY LOCAL REG. <u>June 17, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Elmore Hesse</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1959 JUL 4

1959 JUN 23

VS JUN 30 1960

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 *Erbert E Ferguson*

Licensed Embalmer No. *3945*

P. O. Address *Licking 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.