

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026116

FILED VS JUL 27 1959 *267*

Registration District No. _____ Primary Registration District No. *3049* Registrar's No. *96*

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Pemiscot				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		Length of stay in 1b 3days		c. CITY OR TOWN Lilbourn		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hayti Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4th. St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Edward Pattinson				4. DATE OF DEATH Month Day Year July 3 1959					
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-19-76	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min. 10 14	IF UNDER 24 HR Hours Min. 10 14		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Coal Miner			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Keswick, England		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Edward E. Pattinson			13b. MOTHER'S MAIDEN NAME ? ? White			14. NAME OF HUSBAND OR WIFE Violet Pattinson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Address Bond Pattinson, Lilbourn, Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis & myocardial infarction							INTERVAL BETWEEN ONSET AND DEATH 3 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis							2 yrs.		
DUE TO (c) Ephemeria + Quercinia							4 days		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year									
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from June 29, 1959 to July 3, 1959 and last saw him alive on July 3, 1959 Death occurred at 9:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Arthur A. [Signature] (Degree or title)				22b. ADDRESS Shirley Clinic Hayti, Mo.			22c. DATE SIGNED 7-7-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-6-59	23c. NAME OF CEMETERY OR CREMATORY Mounds Park		23d. LOCATION (City, town, or county) Near Lilbourn, Mo.		STATE		
24. FUNERAL DIRECTOR Ponder Funeral Home-Lilbourn, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 7-6-59		26. REGISTRAR'S SIGNATURE Valera Popham			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 28 1959

JUL 28 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
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address Lilbourn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.