

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002816

FILED VS. JAN 18 1960 274

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 15

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Pettis		b. CITY (If outside corporate limits, give TOWNSHIP only) OR Dresden		a. STATE Missouri		b. COUNTY Pettis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home		Length of stay in 1b 20 yrs.		c. CITY OR TOWN Dresden		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS ---		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First LETTIE		Middle MARGARET		Last PATRICK		Month Day Year January 10, 1960	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH March 14, 1886	9. AGE (last birthday) 73	IF UNDER 1 YEAR		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaking		11. BIRTHPLACE (City and state or country) Frostburg, Maryland		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Joseph W. Yates		13b. MOTHER'S MAIDEN NAME Margaret Powell		14. NAME OF HUSBAND OR WIFE Charlie Willis Patrick			
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. none		17. INFORMANT Address Burns Patrick, Dresden, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Ventricular fibrillation						Sudden	
DUE TO (b) Ventricular tachycardia						2 1/2 months	
DUE TO (c) Arteriosclerotic and Hypertotic Heart Disease						3 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Left hemiparesis due to cerebral vascular accident 2 1/2 months -						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 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 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 2 September 1959 to 10 January 1960 and last saw her ^{him} alive on 8 January 1960 Death occurred at 9:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Stanley D. Fisher M.D.</i> (Deceased or title)				22b. ADDRESS 500 St. 16th Sedalia Missouri		22c. DATE SIGNED 11 Jan '60 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE January 12, 1960	23c. NAME OF CEMETERY OR CREMATORY Dresden Cemetery		23d. LOCATION (City, town, or county) Dresden, Missouri		
24. FUNERAL DIRECTOR D.W. Heckart - Gillespie Funeral Home, Sedalia, Missouri				25. DATE RECD. BY LOCAL REG. 1-11-1960		26. REGISTRAR'S SIGNATURE <i>Frances Shelby</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JAN

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 Richard D. Coon

Licensed Embalmer No. 4703
P. O. Address Sedalia, 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.