

**JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-037662**

**FILED VS OCT 25 1960**

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 288

|   |                                       |   |   |
|---|---------------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Callaway</u>  |                                       | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Fulton</u>                            | Length of stay in 1b<br><u>10yrs.</u> | c. CITY OR TOWN <u>Fulton</u>   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Callaway Memorial Hosp.</u> |                                       | d. STREET ADDRESS (If outside, give location)<br><u>222 East 6th</u>  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|   |                                  |   |   |                                      |  |  |
|---|----------------------------------|---|---|--------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>William</u> Middle <u>Patterson</u> Last <u>Patterson</u> |                                  |   | 4. DATE OF DEATH<br>Month <u>Oct</u> Day <u>15</u> Year <u>1960</u> |                                      |  |  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>Negro</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>9/23/1859</u>                                | 9. AGE (last birthday)<br><u>101</u> | IF UNDER 1 YEAR<br>Months <u>  </u> Days <u>  </u> | IF UNDER 24 HR<br>Hours <u>  </u> Min. <u>  </u> |

|  |   |  |  |
|--|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farm laborer</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farming</u> | 11. BIRTHPLACE (City and state or country)<br><u>Unknown</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u> |
| 13a. FATHER'S NAME<br><u>Unknown</u>   | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u>         | 14. NAME OF HUSBAND OR WIFE<br><u>Unknown</u>                |  |

|   |  |   |
|---|--|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> | 16. SOCIAL SECURITY NO.<br><u>none</u> | 17. INFORMANT<br><u>Mrs. Grace Blackburn, Kezer, Fulton</u> |
|---|--|---|

|   |  |  |
|---|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:                          |  | INTERVAL BETWEEN ONSET AND DEATH   |
| IMMEDIATE CAUSE (a) <u>Stroke</u>   |  |  |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.  |  |  |
| DUE TO (b) <u>cerebral accident</u>   |  |  |
| DUE TO (c) <u>Sen Arterio Sclerosis</u>   |  |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|  |   |  |
|--|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u>                    | Month, Day, Year <u>  </u>  |  |

|   |  |   |                                  |
|---|--|---|----------------------------------|
| 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<br><u>Fulton</u> | COUNTY <u>  </u> STATE <u>  </u> |
| 21. I attended the deceased from <u>Sept. 13/1960</u> to <u>Oct. 15/60</u> and last saw him alive on <u>Oct 15 - 1960</u><br>Death occurred at <u>about 3 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |                                  |

|                                      |                   |                                  |                                       |
|--------------------------------------|-------------------|----------------------------------|---------------------------------------|
| 22a. SIGNATURE<br><u>W. Lawrence</u> | (Degree or title) | 22b. ADDRESS<br><u>Fulton Mo</u> | 22c. DATE SIGNED<br><u>Oct. 15/60</u> |
|--------------------------------------|-------------------|----------------------------------|---------------------------------------|

|  |                                   |   |  |
|--|-----------------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>Oct. 16, 1960</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Southside Cemetery</u> | 23d. LOCATION (City, town, or county)<br><u>Fulton, Missouri</u> |
|--|-----------------------------------|---|--|

|   |         |   |  |
|---|---------|---|--|
| 24. FUNERAL DIRECTOR<br><u>George H. Green, Fulton Mo</u> | ADDRESS | 25. DATE RECD. BY LOCAL REG.<br><u>Oct. 19 - 1960</u> | 26. REGISTRAR'S SIGNATURE<br><u>Maretha Lawrence</u> |
|---|---------|---|--|

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 George H. Green  
Licensed Embalmer No. 422

P. O. Address Fulton,

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.