

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

-61-025813  
Stat. File No. ....

FILED AUG 1 1961

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>134</u>	
1. PLACE OF DEATH a. COUNTY <b>Eaclede</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Camden</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Lebanon</b>		c. LENGTH OF STAY (in this place) <b>42 hours</b>		c. CITY OR TOWN <b>Camden</b> <u>01501</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wallace Memorial Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>224 Hazel Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b>		b. (Middle) <b>Warren</b>		c. (Last) <b>Patrick</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 24, 1961</b>	
5. SEX <b>Male</b> <input type="radio"/>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>March 26, 1899</b>	
9. AGE (In years last birthday) <b>62</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cafe Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY —		9. AGE (In years last birthday) Months Days Hours Min.	
11. BIRTHPLACE (City and State or Foreign Country) <b>Howard County, Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Charles A. Patrick</b>			13b. MOTHER'S MAIDEN NAME <b>Nellie Besgrove</b>			14. NAME OF HUSBAND OR WIFE <b>Lydia Isabelle Patrick</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lydia I. Patrick 224 Hazel Street Camden, Missouri</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocardial Infarction</b>				INTERVAL BETWEEN ONSET AND DEATH <b>42 hrs.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Occlusion</b>				<b>44 hrs.</b>	
		DUE TO (c) <b>Coronary Arteriosclerosis</b>				<b>Years</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>59</u> , to <u>7-23</u> , 19 <u>61</u> , that I last saw the deceased alive on <u>7-23</u> , 19 <u>61</u> , and that death occurred at <u>6:00 AM</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>J. J. Garrison Jr. M.D.</b>				23b. ADDRESS <b>Camden, Missouri</b>		23c. DATE SIGNED <b>July 24, -61</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>July 26, 1961</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Conway Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Osage Beach, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>7-25-1961</b>		REGISTRAR'S SIGNATURE <b>Shella L. May</b>		SIGNATURE OF FUNERAL HOME <b>Walter Hedges Funeral Home</b>		ADDRESS <b>Camden, Mo.</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0535

AUG 2 1961

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, by me, or by ..... Student Embalmer No. .... working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed *Walter P. Hedges* .....

Licensed Embalmer No. 4265 .....

P. O. Address .....

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.