SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-033327
STATE FILE NUMBER

AMENDED

Registration District No. 1551 Primary Registration District No. 5580 Registrar's No. 140

FILED SEP 19 1961

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 1/4 Mi. N. of Carl Junction — Length of stay in 1b 2
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION on Highway 171 — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jasper
c. CITY OR TOWN Asbury — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS R. 1 (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Harold Middle Jackson Last Patrick
4. DATE OF DEATH Month Sept. Day 16, Year 1961
5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12/16/1920
9. AGE (last birthday) 40
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee Solar Dept.
10b. KIND OF BUSINESS OR INDUSTRY Atlas Powder
11. BIRTHPLACE (City and state or country) Monte Vallo, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Henry Patrick
13b. MOTHER'S MAIDEN NAME Mary Christman
14. NAME OF HUSBAND OR WIFE Mary Dean Patrick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes, WW II & Korean Conflict
17. INFORMANT Address Mrs. Mary Dean Patrick, R.1, Asbury, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Internal injuries--possible fractured neck and skull. Automobile accident — INTERVAL BETWEEN ONSET AND DEATH Inst.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Going north on Highway 171 and was unable to negotiate a curve.
20c. TIME OF INJURY 2:30 Hour a.m. ~~p.m.~~ Month, Day, Year 9-16-61
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1/4 north of Z Highway on 171
20f. CITY, TOWN, OR LOCATION — COUNTY Jasper — STATE Mo.
21. I attended the deceased from did not attend, to and last saw her/him alive on
Death occurred at 2:30 a.m. approx. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Wendell Fuhr (Degree or title) D.D.S. Coroner
22b. ADDRESS 508 Frisco Bldg, Joplin, Mo.
22c. DATE SIGNED 9-16-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-18-61
23c. NAME OF CEMETERY OR CREMATORY Friends Cemetery
23d. LOCATION (City, town, or county) (State) Purcell, Mo.
24. FUNERAL DIRECTOR ADDRESS Hedge-Lewis Funeral Home, Webb City, Mo.
25. DATE RECD. BY LOCAL REG. 9-16-61
26. REGISTRAR'S SIGNATURE L. J. Lewis Jr. (by Reg)

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF

SEP 21 1961

SEP 21 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, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Richard Troy Lear

Licensed Embalmer No. 4405

P. O. Address Webb City, 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.