

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045832

STATE FILE NUMBER

AMENDED

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 141

FILED DEC 22 1961

1. PLACE OF DEATH a. COUNTY <u>MO</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>LOUISIANA</u>		Length of stay in lb <u>58 YRS</u>	c. CITY OR TOWN <u>LOUISIANA</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>RESIDENCE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>223 N. 7th St.</u>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES EARL PATRICK</u>			4. DATE OF DEATH Month Day Year <u>DEC 10 1961</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-22-90</u>	9. AGE (last birthday) <u>70</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working year, even if retired) <u>OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FERRY BOAT</u>	11. BIRTHPLACE (City and state or country) <u>CALHOUN CO. LA</u>	12. CITIZEN OF WHAT COUNTRY <u>USA.</u>
13a. FATHER'S NAME <u>WILIE PATRICK</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA RAMSEY FLOY</u>		14. NAME OF HUSBAND OR WIFE <u>GRACE PATRICK</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			17. INFORMANT Address <u>MRS. FLOY G PATRICK LOUISIANA</u>	

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 <u>NO</u>
IMMEDIATE CAUSE (a) <u>PRESUMED TO BE "NATURAL CAUSES"</u>		
DUE TO (b) <u>APPARENTLY EXPIRED WHILE SWEEPING SNOW FROM TOP OF AUTOMOBILE</u>		
DUE TO (c) <u>CORONER OF PIKE COUNTY NOTIFIED</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. <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 <u>withheld</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 about 8:00 A and last saw her alive on  
Death occurred at about 8:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Bernice Collier</u>	(Degree or title) <u>Local Registrar, Louisiana, Mo Dec 11, 1961</u>	22b. ADDRESS	22c. DATE SIGNED
23a. BURIAL, CREMATION, or other disposal (Specify) <u>BURIAL</u>	23b. DATE <u>12-12-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>RIVERVIEW CEM</u>	23d. LOCATION (City, town, or county) (State) <u>LOUISIANA MO</u>
24. FUNERAL DIRECTOR <u>GOLLIER FUNERAL SERVICE</u>	ADDRESS <u>LOUISIANA MO</u>	25. DATE RECD. BY LOCAL REG. <u>Dec 11 - 1961</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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

*Geo. M. Callier*

Licensed Embalmer No.

*3839*

P. O. Address

*Louisiana*

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.