

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016430

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 394 Primary Registration District No. _____ Registrar's No. 137

FILED APR 16 1962

VS 300
Rev. 4/59

1 0900
2 0900

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4 1
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7 0
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9 4222
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12 90-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Reynolds</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Reynolds</u>		c. CITY OR TOWN <u>Reynolds</u>	
Length of stay in 1b <u>Life</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>OWN HOME</u>		d. STREET ADDRESS (If outside, give location) <u>OWN HOME</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Martha LUTICHA PATTAYSON</u>		4. DATE OF DEATH Month Day Year <u>April 3 1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-20-1866</u>
9. AGE (last birthday) <u>96</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>13</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HR. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Reynolds County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Isiah Hill</u>	
13b. MOTHER'S MAIDEN NAME <u>ELIZA DAVIS</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES PATTAYSON (DEC)</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>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>ELIZA ARL CORRIDON MO.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hydrostatic Pressure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Myocardial Degeneration</u> DUE TO (c) <u>Sclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>3 months</u> <u>10 yrs.</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 Hour a.m. p.m. Month, Day, Year		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 <u>1950</u> to <u>April 3/62</u> and last saw her/him alive on <u>March 17/62</u> Death occurred at <u>8 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Kenneth Tack</u>	
22b. ADDRESS <u>Ellington Mo</u>		22c. DATE SIGNED <u>4-6-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>April 8, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Polk</u>	23d. LOCATION (City, town, or county) (State) <u>Reynolds County Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Pewitt Funeral Home Ellington Mo</u>		25. DATE RECD. BY LOCAL REG. <u>4/10/1962</u>	26. REGISTRAR'S SIGNATURE <u>Lucy B May Deputy</u>

USE BLACK INK OR TYPEWRITER RIBBON

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 Chas S. Smith

Licensed Embalmer No. 4574

P. O. Address ELLINGTON, 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.