

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034586  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 142 Primary Registration District No. 8336 Registrar's No. 39

**FILED SEP 17 1962**

VS 300  
Rev. 4/59

DATE AMENDED

0460

0460

3

4

5

6

7

8

10

11

12

13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Howell</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u>                        |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Goldsberry</u>   |   | c. CITY OR TOWN <u>Mtn. View (Rural)</u>  |  |
| Length of stay in 1b   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Home</u>   |   | d. STREET ADDRESS (If outside, give location)<br><u>Rural Route # 2</u>   |  |
| Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |   |  |
| 3. NAME OF DECEASED First Middle Last<br><u>Harley Clinton Patterson</u>   |   |   | 4. DATE OF DEATH<br>Month Day Year<br><u>September 5, 1962</u>   |
| 5. SEX<br><u>M.</u>  | 6. COLOR OR RACE<br><u>W.</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>7/4/1895</u>  |
| 9. AGE (last birthday)<br><u>67</u>  |   | IF UNDER 1 YEAR<br>Months Days  | IF UNDER 24 HR<br>Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><u>Ink, Missouri</u>   |
| 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>  |   | 13a. FATHER'S NAME<br><u>Andrew J. Patterson</u>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><u>Emma Jane Duncan</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>Fannie J. Patterson</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>Yes W.W. # 1</u>   |   | 16. SOCIAL SECURITY NO.   |  |
| 17. INFORMANT<br><u>Clifford L. Patterson Imperial, Mo.</u>  |   | Address   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>MYOCARDIAL INFARCTION, ACUTE</u><br>DUE TO (b) <u>ARTERIO-SCLEROSIS</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH   |
| 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 s.m. p.m.<br>Month, Day, Year  |   |   |  |
| 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   |   | COUNTY  | STATE  |
| 21. I attended the deceased from <u>Jan. 1962</u> to <u>SEPT. 1962</u> and last saw her/him alive on <u>SEPT. 4, 1962</u><br>Death occurred at <u>SEPT 5, 1962</u> m on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |
| 22a. SIGNATURE<br><u>M.C. Walton M.D.</u>  |   | 22b. ADDRESS<br><u>McNeill Ow, Mo.</u>  |  |
| 22c. DATE SIGNED   |   |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |   | 23b. DATE<br><u>9/8/1962</u>  |  |
| 23c. NAME OF CEMETERY OR CREMATORY<br><u>Summersville City Cem.</u>  |   | 23d. LOCATION (City, town, or county) (State)<br><u>Summersville, Missouri</u>  |  |
| 24. FUNERAL DIRECTOR<br><u>Duncan Funeral Home Mtn. View, Mo.</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>9/10/62</u>  |  |
| 26. REGISTRAR'S SIGNATURE<br><u>Laura Mitchell</u>   |   |   |  |

SEP 19 1962

SEP 27 1962

( To Doctor 9A.M. 9/7/62

From Dr. 9:30 A.M. 9/8/62

jTo Local Registrar 9:45 A.M. 9/8/62

**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

*Charles D. Cartain*

Licensed Embalmer No. 5187

P. O. Address Wm. Union, 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.