

CERTIFICATE OF DEATH

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 269

DO NOT WRITE ON THIS STUB

9. 0

10a. 87

10b.

11. 0

12. 1

13. 4100

14.

15. 4

16.

17.

18. 0

19. CREDITS

20. 2-0

VS 300  
Rev. 1/70

4. 0499

5. 03

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0499

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. CHARLIE LOUIS PATTERSON					2. M	3. May 16, 1970
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. White	87	MOS. 5b.	DAYS 5c.	6. June 1, 1882	7a. Jasper	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Joplin		7c. yes	7d. St. John's Medical Center			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			
8. Missouri	9. USA	10. Married	11. Anna Pendergraft			
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY				
12. 496-54-3481	13a. Farming	13b. Farm				
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER		
14a. Mo.	14b. Jasper	14c. Joplin	14d. yes	14e. Rt. 1-Box 51 Joplin.		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	
15. Sampson (X) Patterson					16. Sallie (X) Sneed	
INFORMANT—NAME		MAILING ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. Carrie Rose		17b. Cocoa, Fla. 32922				
PART I. DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE						
(a) Auto Myocardial Infarction						6 MRS
DUE TO, OR AS A CONSEQUENCE OF:						
(b) Ferromed Cephalosporin + Gonorrhea						
DUE TO, OR AS A CONSEQUENCE OF:						
(c) arteriosclerosis of left coronary						12 YRS
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH		
Blindness		19a. NO		19b.		
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.	20b.	20c.	M., 20d.			
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS		
20e.	20f.	20g.		20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.		
CERTIFICATION—PHYSICIAN:	MONTH	DAY	YEAR	MONTH	DAY	YEAR
1 I ATTENDED THE DECEASED FROM	9	14	64	TO	21b. 5	16
AND LAST SAW HIM/HER ALIVE ON	MONTH	DAY	YEAR	21c. 5	16	70
21a.				21d. Did		
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		
22a.		M., 22b. 5		16		
CERTIFIER—NAME (TYPE OF PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)
23a. G. A. SCHULTE, M. D.		23b. <i>G. A. Schulte</i>				23c. 5/18/70
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE
23d. 2125 Jackson		Joplin, Missouri		64801		
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION			
24a. Burial	24b. 12 Coners Cemetery		24c. Pea Ridge, Ark.			
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. May 19, 1970	24e. Williamson, 1303 Main, Cassville, Mo. 65625					
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25a. <i>Walter Williamson</i>	25b. <i>Betty J. Burren</i>		25c. May 19-1970			

Type or print in PERMANENT BLACK INK. See handbook for instructions.

MAY 28 1970

**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 Doyle E. Williamson

Licensed Embalmer No. 4883

P. O. Address Cassville, 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.