

124 72 024663

CERTIFICATE OF DEATH

FILED

NOV 22 1972

11

Primary Registration District No. 4024

Registrar's No. 99

DO NOT WRITE
ON THIS STUB

VS 300

Rev. 11/72

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. ANNA ELLA PATTERSON		2. Fe.	3. Nov. 15, 1972
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 3 DAY HOURS MIN.
4. White	5a. 86	5b.	5c.
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	COUNTY OF DEATH
7b. Cassville		7d. South Barry Co. Hospital	7c. Barry
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
8. Missouri		9. USA	10. Widowed
SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		11.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY
12. 487-56-0677		13a. Homekeeper	13b. Home
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION, ZIP CODE	INSIDE CITY LIMITS (SPECIFY YES OR NO)
14a. Mo.	14b. Barry	14c. Washburn 65772	14d. no
TOWNSHIP	STREET AND NUMBER		
14e. Ash	14f. Rt. 1		
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. Moses Pendergraft		16. Lucinda Schell	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a. Florence Rose		17b. Rt. 1, Washburn, Mo. 65772	
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) Myocardial Failure			2 days
(b) Arterial Sclerosis			Relief.
(c)			
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) 19a.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)			IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
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.	
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)	
20e.	20f.	20g.	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		TO	AND LAST SAW HIM/HER ALIVE ON
21a. 10/1/72		21b. 11/15/72	21c. 11/15/72
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.		22b.	22c.
CERTIFIER NAME (TYPE OF PRINT)	MO. LICENSE NO.	SIGNATURE	DATE SIGNED (MONTH, DAY, YEAR)
23a. Bermit Howell	23b. 9217	23c. Bermit Howell	23d. 11/16/72
MAILING ADDRESS—CERTIFIER		CITY OR TOWN	STATE
23e.		23f. Pea Ridge	23g. Mo.
ZIP		23h. 65734	
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE
24a. Burial	24b. Twelve Corners		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. Nov. 17, 1972	24e. Williamson 1303 Main, Cassville, Mo. 65625		
FUNERAL DIRECTOR—SIGNATURE	REG. NO.	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
25a. Williamson	25b. 348	25c. Myrleed Rose	25d. Nov. 20, 1972

DECEASED

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

PARENTS

CAUSE

CERTIFIER

BURIAL

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

7b-c. 0730

7d. 10236

8. 29

14a. 29

14b. 009

14c-d.

14e.

23. 1009217

26a. 3

18. U. 4409

18. S. 1.

18. S. 2.

20a-f.

20g-St.

20g-Co.

20g-Cy.

13 11/16/72

NOV 5 1972

DEC 4 1972

Funeral permit obtained 11-16-72 ml

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 Rayle 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.