

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14381

STATE FILE NUMBER

FILED APR 30 1957

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 135

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY St. Francois		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre, Mo.		c. CITY OR TOWN Farmington, Mo.		d. STREET ADDRESS 0941 0 (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hosp.				Length of stay in 1b			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. SEX	
First Moynally		Middle Andrews		Last Patterson		Month April Day 23 Year 1957	
6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 16, 1867		9. AGE (In years last birthday) 89	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Francois Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Patterson				14. MOTHER'S MAIDEN NAME Jane Andrews			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Martin Powell Farmington, Mo. Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis DUE TO (b) Arteriosclerosis DUE TO (c) Senility PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						INTERVAL BETWEEN ONSET AND DEATH 3 days	
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 Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT <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		20g. COUNTY		20h. STATE	
21. I attended the deceased from 4/15/57 to 4/23/57 and last saw ^{her} _{him} alive on 4/23/57 . Death occurred at 1257 m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE R. A. Huckstep M.D. (Degree or title)				22b. ADDRESS Farmington, Mo.		22c. DATE SIGNED 4/24/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 27-57		23c. NAME OF CEMETERY OR CREMATORY Marvin Chapel		23d. LOCATION (City, town, or county) (State) Near Bonne Terre, Mo.	
24. FUNERAL DIRECTOR C. H. Cozart Farmington, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. Apr. 24, 1957		26. REGISTRAR'S SIGNATURE Ether Rudloff	

FEB 7 1958

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.....
W. Cozart

Licensed Embalmer No. 40

P. O. Address.....
Faring

**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.**