

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10061

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington</u>	
c. LENGTH OF STAY (In this place) <u>6 years</u>		d. STREET ADDRESS (If rural, give location) <u>807 So. Washington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>807 So. Washington</u>		e. STREET ADDRESS (If rural, give location) <u>807 So. Washington</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALICE</u> b. (Middle) <u>LOUISE</u> c. (Last) <u>PATTERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 5, 1950</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>3-7-1871</u>		9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>28</u> IF UNDER 24 HRS. Hours <u>..</u> Min. <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>/</u>		
11. BIRTHPLACE (State or foreign country) <u>STE. GENEVIEVE COUNTY, MO. U.S.A.</u>			12. CITIZEN OF WHAT COUNTRY? <u>/</u>		

13a. FATHER'S NAME <u>JOSEPH COVINGTON</u>		13b. MOTHER'S MAIDEN NAME <u>HILDA FRAZIER</u>		14. NAME OF HUSBAND OR WIFE <u>MCANALLY PATTERSON</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'S SIGNATURE OR NAME <u>MCANALLY PATTERSON</u> ADDRESS <u>FARMINGTON MISSOURI</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Atherosclerosis</u>			
		DUE TO (c) <u>/</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4201</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 4-4, 1950, to 4-5, 1950, that I last saw the deceased alive on 4-5, 1950, and that death occurred at 12:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. Richard Couvel, M.D.</u> (Degree or title)		23b. ADDRESS <u>Farmington, Mo.</u>		23c. DATE SIGNED <u>4-6-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-7-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MARVIN CHAPEL</u>	
		24d. LOCATION (City, town, or county) (State) <u>NEAR BONNE TERRE MISSOURI</u>			

DATE REC'D BY LOCAL REG. <u>Apr. 7, 1950</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cozean Funeral Home, Farmington, Mo.</u> ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0941

RECEIVED

APR 11 1958

DEPT. OF HEALTH OFFICE No.

No. 450-538

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
Student Embalmer

Signed *C. J. Green*

Licensed Embalmer No. *4084*

P. O. Address *Farmington, N.H.*

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 this body is not embalmed, fact should be so stated above.