

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026494

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3079 Registrar's No. 242
 AMENDED FILED JUN 28 1961

1. PLACE OF DEATH a. COUNTY St. Francois			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Francois		
b. CITY (If outside corporate limits, give TOWNSHIP only) Bonne Terre		Length of stay in 1b 4 Hours	c. CITY OR TOWN Bonne Terre Route #1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) Bonne Terre Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Perry Township	
3. NAME OF DECEASED (Type or print) First Homer Middle Lee Last Patterson			4. DATE OF DEATH Month June Day 21st. Year 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 1, 1925	9. AGE (last birthday) 36	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mining		10b. KIND OF BUSINESS OR INDUSTRY Lead Mines	11. BIRTHPLACE (City and state or country) Farmington, Mo. Rt. 3		12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME Marvin Patterson		13b. MOTHER'S MAIDEN NAME Cora May Straughan		14. NAME OF DECEASED WIFE Dorothy May Weiss	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490 24 7412	17. INFORMANT Address J. Clyde Patterson, Desloge, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple fractures head + Pelvic region					INTERVAL BETWEEN ONSET AND DEATH 5 HRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) _____		
			DUE TO (c) _____		
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Thrown from a scaffold while working in a Lead mine			
20c. TIME OF INJURY 11:00	Hour a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	Month, Day, Year June 21, 1961			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Lead mine	20f. CITY, TOWN, OR LOCATION Baker shaft.	COUNTY St. Francois	STATE Mo.	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 4:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Ted Boyer Coroner			22b. ADDRESS Bonne Terre Mo		22c. DATE SIGNED 6-23-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/24/1961	23c. NAME OF CEMETERY OR CREMATORY St. Francois Memorial Park, Bonne Terre, Mo. Rt2	23d. LOCATION (City, town, or county) Bonne Terre, Mo.	(State)	
24. FUNERAL DIRECTOR C.Z. Boyer & Son, Inc. Desloge, Mo.			25. DATE RECD. BY LOCAL REG. June 23, 1961	26. REGISTRAR'S SIGNATURE Cather Redloff	

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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: B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Dealogue, Missouri

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.