

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>BOONVILLE</u>		c. CITY OR TOWN <u>Pratt Home</u>	
c. LENGTH OF STAY (In this place)		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Home for the Deaf</u>		e. STREET ADDRESS (If rural, give location) <u>State Springs, Booneville, Mo</u>	
3. NAME OF DECEASED a. (First) <u>JESSE</u> (Type or Print)		c. (Last) <u>PATTERSON</u>	
4. DATE OF DEATH Month <u>Oct.</u> Day <u>25</u> Year <u>54</u>		5. SEX <u>M.</u> 6. COLOR OR RACE <u>negro</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Bachelor</u>		8. DATE OF BIRTH <u>FEB. 19, 1889</u>	
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>BOONVILLE MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>HENRY PATTERSON</u>	
13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>BOONVILLE MO</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>?</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>FRANK PATTERSON</u>		18. ADDRESS <u>1620 MAIN ST</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>LANDRY'S Ascending paralysis</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cause unknown.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>357X</u>	
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) <u>Oct 24 1954</u>		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 <u>Oct 9, 1954</u> , to <u>Oct 25, 1954</u> that I last saw the deceased alive on <u>Oct 24, 1954</u> , and that death occurred at <u>4a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Helen R. Rainsberry M.D.</u>		23b. ADDRESS <u>Boonville 5102 Springshield Mo</u>	
23c. DATE SIGNED <u>Oct 26 '54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT. 27, 54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>SPLITCH CREEK</u>		24d. LOCATION (City, town, or county) (State) <u>COOPER MO</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>10/26/54</u>		ADDRESS <u>MAY-PARKER-PORTER ST BOONVILLE MO</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

8107

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.....
Sheaf P. Parker

Licensed Embalmer No. *290*

P. O. Address *Columbe*

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.