MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-026493
STATE FILE NUMBER

AMENDED FILED JUN 28 1961

Registration District No. 316 Primary Registration District No. ____ Registrar's No. 240

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: ST FRANCOIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: FARMINGTON -rural St. Francois Twp.
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: MINERAL AREA HOSP.
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: ST FRANCOIS
c. CITY OR TOWN: FARMINGTON
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RFD # 2
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First ANNIE Middle J Last PATTERSON

4. DATE OF DEATH: Month JUNE Day 18 Year 1961

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 10/28/81

9. AGE (last birthday): 79
IF UNDER 1 YEAR Months ____ Days ____ IF UNDER 24 HR Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (City and state or country): BLOOMSDALE MO.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: THOMAS MORRIS

13b. MOTHER'S MAIDEN NAME: MARY BENHAM

14. NAME OF HUSBAND OR WIFE:

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.:

17. INFORMANT Address: ROSCOE PATTERSON ST.LOUIS MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Primary Carcinoma of Liver — unknown
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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 15. 1961 to June 18, 1961 and last saw her alive on June 21. 1961
Death occurred at 2:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Lucy Stanley Lee DO

22b. ADDRESS: Farmington Mo

22c. DATE SIGNED: 6/21/61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 6/21/61

23c. NAME OF CEMETERY OR CREMATORY: r MARVIN CHAPEL

23d. LOCATION (City, town, or county) (State): NEAR FARMINGTON MISSOURI

24. FUNERAL DIRECTOR ADDRESS: C.H.COZEAN FARMINGTON MO.

25. DATE RECD. BY LOCAL REG.: June 21, 1961

26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

JUL 11 1961

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 C. H. Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington 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.