FILED NOV 18 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH

(PHYSICIAN OR CORONER)

CERTIFICATE OF DEATH

STATE FILE NUMBER **124 68 0045780**

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 903

DO NOT WRITE ON THIS STUB

9. 0
10a. 95
10b.
11. 0
12. 2
13. 2049
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 3-0

VS 300 Rev. 1/68

4. 0621

5. 1

DECEASED

1. DECEASED—NAME: Benjamin Franklin Patterson
2. SEX: M
3. DATE OF DEATH (MONTH, DAY, YEAR): November 10, 1968
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.): White
5a. AGE—LAST BIRTHDAY (YEARS): 95
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): December 19, 1873
7a. COUNTY OF DEATH: Madison
7b. CITY, TOWN, OR LOCATION OF DEATH: Fredericktown
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Madisson Memorial Hospital
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Missouri
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): widowed
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME):
12. SOCIAL SECURITY NUMBER:
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): farming
13b. KIND OF BUSINESS OR INDUSTRY: retired farmer

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. → 6. 0940

14a. RESIDENCE—STATE: Missouri
14b. COUNTY: St Francois
14c. CITY, TOWN, OR LOCATION: Doe Run
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
14e. STREET AND NUMBER:

PARENTS

15. FATHER—NAME: John Patterson
16. MOTHER—MAIDEN NAME: Mary Young

17a. INFORMANT—NAME: Gladys I. Voss
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 1246 N. Kings Rd. Los Angeles, Calif. 90069

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18 IMMEDIATE CAUSE
(a) Lymphatic Leukemia — 10 Months
DUE TO, OR AS A CONSEQUENCE OF:

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): Generalized Arteriosclerosis

19a. AUTOPSY (YES OR NO): NO
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:

20a. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY):
20b. DATE OF INJURY (MONTH, DAY, YEAR):
20c. HOUR: M.
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18):
20e. INJURY AT WORK (SPECIFY YES OR NO):
20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY):
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

CERTIFIER

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR): 1-23-68
21b. TO (MONTH, DAY, YEAR): 11-10-68
21c. AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): 11-9-68
21d. I DID/DID NOT VIEW THE BODY AFTER DEATH: NO
21e. DEATH OCCURRED (HOUR): 2:45 A M. TO THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

22a. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH: C. E. CARLETON, M.D.
22b. THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): M.
23a. CERTIFIER—NAME (TYPE OR PRINT): Medical Arts Clinic
23b. SIGNATURE: C. E. Carleton
23c. DEGREE OR TITLE: MD
23d. DATE SIGNED (MONTH, DAY, YEAR): 11-11-68
MAILING ADDRESS—CERTIFIER: FARMINGTON, MO. (STREET OR R.F.D. NO. / CITY OR TOWN / STATE / ZIP)

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): burial
24b. CEMETERY OR CREMATORY—NAME: Three Rivers Cemetery
24c. LOCATION (CITY OR TOWN, STATE): Ste Genevieve Co. Missouri
24d. DATE (MONTH, DAY, YEAR): Nov 12, 1968
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Miller Funeral Home Inc. Farmington, Missouri 63640
25b. FUNERAL DIRECTOR—SIGNATURE: Earl J. Miller
26a. REGISTRAR—SIGNATURE: C. E. Settenwick Reg Ler M.A.
26b. DATE RECEIVED BY LOCAL REGISTRAR: 11-14-68

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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 _____ Signed Paul R Dugal

Signature of Student Embalmer

Licensed Embalmer No. 4120

P. O. Address Farmington Me

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.