

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20928

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Caw Primary Registration District No. 1002 Registered No. 2378
 (c) City Lansos City (d) Street No. 4430 Bals St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs Dora B Patton 351

(a) Residence, No. 4430 Bals St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carl H. Patton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16 1873

7. AGE YEARS 63 MONTHS 7 DAYS 27 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as saw mill, bank, etc. at home
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Dallas (STATE OR COUNTRY) Texas13. NAME William Finis14. BIRTHPLACE (CITY OR TOWN) Texas (STATE OR COUNTRY) Texas15. MAIDEN NAME Pamela Davidson16. BIRTHPLACE (CITY OR TOWN) Aurora (STATE OR COUNTRY) Mo17. INFORMANT (ADDRESS) Carl H. Patton
4430 Bals18. BURIAL, CREMATION, OR REMOVAL PLACE Caplen Mo DATE June 13 193819. FUNERAL DIRECTOR (NAME) Frank Keenes
(ADDRESS) Caplen Mo20. FILED June 13 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-13-38, 19

22. I HEREBY CERTIFY, That I attended deceased from

Deputy Coroner to Coroner, 19
 I last saw Deputy Coroner on 23rd, 19. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive myocardium
Coronary Occlusion
Embolism of 2nd III
 Date of onset

Other contributory causes of importance:

Name of operation Aucler Date ofWhat test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Y

If so, specify _____

(Signed) Pamela W. Keenes, M. D.(Address) Caplen Mo

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.