

JAN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41695**

Registration District No. **2**

Primary Registration District No. **203**

Registrar's No. **7**

1. PLACE OF DEATH:

(a) County **Andrew**
(b) City or town **Rural Monroe Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Cosby, Missouri, R. F. D. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **✓** **9**
life (Specify whether)
In this community **life**
years, months or days

3. (a) PRINT FULL NAME **Charles Addison Patton**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Hazel** 6. (c) Age of husband or wife if alive **✓** years
7. Birth date of deceased **April 16, 1860**
(Month) (Day) (Year)

8. AGE: Years **80** Months **7** Days **23** If less than one day
hr. min.

9. Birthplace **Page County Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farm**

12. Name **Edward Patton**

13. Birthplace **Unknown Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Jeanette Lore**

15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **John D. Patton**

(b) Address **Cosby, Missouri**

17. (a) **burial** (b) Date thereof **Dec. 10, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation **Onk Ridge Cemetery**

18. (a) Signature of funeral director **Walter Meierhoffer**

(b) Address **1302 Faraon, St. Joseph, Missouri**

19. (a) **12-9-40** (b) **J. H. Bledsoe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Andrew**
(c) City or town **Rural Monroe Township**
(If outside city or town limits, write "RURAL")
(d) Street No. **Cosby, Missouri, R. F. D. #1**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **✓** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **9**
year **1940** hour **6** minute **a.** M.

21. I hereby certify that I attended the deceased from **NOVEMBER 33**, 19**40**, to **DEC 8**, 19**40**;
that I last saw him alive on **DEC 8**, 19**40**;
and that death occurred on the date and hour stated above.

Immediate cause of death **MYOCARDIAL DEGENERATION with CHRONIC MYOCARDITIS**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work? (Specify type of place).....

(e) Means of injury.....

23. Signature **J. B. Riggs, D.O.** (M.D. or other) **3**

Address **Cosby** Date signed **12/9/40**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

Obey J. Ester

Licensed Embalmer No. Mo. 4154

P. O. Address St. Joseph, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.