

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
FILLED NOV 6 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **35235**  
Registrar's No. **94**

Registration District No. **417**

Primary Registration District No. **3021**

1. PLACE OF DEATH:

(a) County **Jasper**  
(b) City or town **Webb City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**SOUTH HALL STREET.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **4 years** (Specify whether years, months or days)  
In this community **4 years**

3. (a) PRINT FULL NAME **Charles Wm. 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 **None** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **July 3 1855**  
(Month) (Day) (Year)

8. AGE: Years **86** Months **3** Days **22** If less than one day hr. min.

9. Birthplace **Harrison Co. Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired farmer**

11. Industry or business **Farm**

12. Name **Joseph Patton**  
13. Birthplace **Unknown Ireland**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Thompson**  
15. Birthplace **Unknown Ireland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. E. E. Starliper**  
(b) Address **Webb City, Missouri**

17. (a) **Removal** (b) Date thereof **10/27/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Walnut, Kansas**

18. (a) Signature of funeral director **Hedge-Nelson**

(b) Address **Webb City, Missouri**

19. (a) **OCT. 27, 1941** (b) **Ch. H. Hatcher M.D.**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**  
(c) City or town **Webb City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **So. Hall Street**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **25th**  
year **1941** hour **9** minute **45** P. M.

21. I hereby certify that I attended the deceased from **10-18**  
1941, to **10-25** 1941.

that I last saw him alive on **10-25** 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebratory collapse** Duration **2 day**

Due to **Sen. arteriosclerosis**  
Due to **with left vent. failure** 3 mos.

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **95C4**  
Of autopsy **95C4**

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? (City or town) (County) (State)  
(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 **Ch. H. Hatcher** (M. D. or other)  
Address **107 S. Ball** Date signed **10/27/41**

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

---

**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. *2859*

P. O. Address. *Wells Pity*

**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.**