

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

28005

State File No. ....

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Ray Mo.  
(b) City or town Richmond  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Edward Winslow Patton

3. (b) If veteran, name war No 3. (c) Social Security No. 509-14-8710

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura L. Patton 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased Mar. 18, 1864  
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 30 If less than one day hr. min.

9. Birthplace Richmond, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Druggist

11. Industry or business

MOTHER FATHER { 12. Name R.W. Patton  
13. Birthplace Unknown Tenn.  
14. Maiden name Isabella Jane Hale  
15. Birthplace Unknown Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Laura L. Patton  
(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof Aug. 20, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Mo.

18. (a) Signature of funeral director Thurman

(b) Address Richmond Mo.

19. (a) August 1942 (b) Mrs. Chas. W. Sheppard  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray  
(c) City or town Richmond  
(If outside city or town limits, write "RURAL")  
(d) Street No. 626 East Main St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17  
year 1942 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from 6-15 1942 to 8-17 1942  
that I last saw him alive on 8-17-42  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 hr.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Arteriosclerosis ?  
(Include pregnancy within 3 months of death)

Major findings: Of operations g4a  
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? \_\_\_\_\_ (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) (c) Means of injury

23. Signature Stos J. Cooy (M. D. or other)  
Address Richmond, Mo. Date signed 8-25

#B

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9-11-42

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 for by

Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 2073

P. O. Address Richmond 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 this body is not embalmed, fact should be so stated above.