

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18438

State File No. _____

Registration District No. 224

Primary Registration District No. 6006

Registrar's No. 135

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Rural
(c) Name of hospital or institution RFD
(d) Length of stay: In hospital or institution none
In this community Entire Life

3. (a) PRINT FULL NAME CHARLIE OLIVER 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 Married

(b) Name of husband or wife Minnie Patton 6. (c) Age of husband or wife if alive Went to tell

7. Birth date of deceased December -29-1870

8. AGE: Years 76 Months 5 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Cairo Missouri

10. Usual occupation Farmer

11. Industry or business _____

12. Name M.D.L. Patton

13. Birthplace Missouri

14. Maiden name Mary Cromwell

15. Birthplace Kentucky

16. (a) Informant Mrs. Minnie Patton

(b) Address Cairo Missouri

17. (a) Burial (b) Date there June-8-47

(c) Place: burial or cremation Grand Prairie

18. (a) Signature of funeral director Robert

(b) Address Missouri

19. (a) 6-8-47 (b) Leah Williams

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Rural
(d) Street No. RFD
(e) Citizen of foreign country? no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1947 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from May 1947 to 6 June 1947
that I last saw him alive on 6 June 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Occlusion

Due to _____

Due to _____

Other conditions _____

Major findings: _____

Of autopsy _____

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) _____

23. Signature John H. Haddock (M-D. or other) DO

Address Cairo, Mo Date signed 7 June 47

RECEIVED
District Health Officer No. 10
District File Number 6-47-661
Date Filed JUN - 9 1947

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.....

R M Cater

Licensed Embalmer No. 4117

P. O. Address

Moberly 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.