

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27118

State File No.

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 124

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Excelsior Springs Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years 4
In this community 2 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ella J. Patton

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ruby Patton 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased November 6, 1859
(Month) (Day) (Year)

8. AGE: Years 87 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name William Hamilton
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elvira Searcy
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edythe Murray
(b) Address Excelsior Springs, Mo.

17. (a) Burial (b) Date thereof 8/3/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunny Slope Cem. Richmond, Missouri

18. (a) Signature of funeral director Richmond, Missouri
(b) Address Richmond, Missouri

19. (a) 8/3/47 (b) Caroline Dathings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 101 Tucker St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1
year 1947 hour 12:00 Midnight M.

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

Immediate cause of death Shock Due to a fracture of right hip & old age.

Due to Shock
Due to Shock

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) Shock High fracture
(b) Date of occurrence 7-31-47
(c) Where did injury occur? Excelsior Springs Clay Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Nursing Home
(Specify type of place)
While at work? (e) Means of injury -3-

23. Signature P.W. Crutcher (M. D. or other)
Address Excelsior Springs Mo. Date signed 8-3-47

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

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. 4066

P. O. Address Kalamazoo, Mich.

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.