

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44159

FILED JAN 16 1948

State File No.

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 450

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Callaway County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Minutes
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT James Joseph Patton
FULL NAME

3. (b) If veteran,
name war

3. (c) Social Security
No.

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

6. (b) Name of husband or wife 6. (c) Age of husband or wife if
alive years

7. Birth date of deceased May 26 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 7 2 hr. min.

9. Birthplace Henry County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Robert M. Patton
Bourbon Kentucky

13. Birthplace Margaret McClanahan
(City, town, or county) (State or foreign country)

14. Maiden name Kentucky
(City, town, or county) (State or foreign country)

15. Birthplace

16. (a) Informant John Velte

(b) Address McCredie, Missouri

17. (a) Burial (b) Date thereof 12-30-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prairie Chapel ch. Cem

18. (a) Signature of funeral director Wallace Funeral Home

(b) Address 7 W 6th St. Fulton, Missouri

19. (a) 1-2-48 (b) Janie Marsinkhoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town McCredie
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28
year 1947 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from 2 12/26, 47, to 12/28, 47
that I last saw him 19 alive on 12-26, 47
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Acute Duration 2 day

Due to Gen. arteriosclerosis

Due to 93A

Other conditions 93A
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 George H. Wood (f. D. or other)

Address Fulton Date signed 12/29/47

Date Filed 1-15-48
District File Number

District Health Officer No. 9

RECEIVED

JAN 17 1948

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

Walter J. Haines, Jr., Registered Apprentice No. 82
working under my personal supervision.

Signed Wenzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton

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.