

B. No. 2
8-43
3-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7566**

Registration District No. **334**

Primary Registration District No. **4519**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County TEXAS

(b) City or town Cabool
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas / 107

(c) City or town Cabool / 1
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROBERT OWEN PATTON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 22 day, year 1948 8 hour, minute a M.

21. I hereby certify that I attended the deceased from Jan 19 1946 to Jan 21 1948
that I last saw h. in alive on Jan 21 1948 and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race w.

6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased march 24 1865
(Month) (Day) (Year)

Immediate cause of death Astria

Due to Decompensated Heart

8. AGE: Years Months Days If less than one day

82	3	24	hr. min.
----	---	----	----------

Due to _____

Other conditions _____
(include pregnancy within 3 months of death)

Major findings: 95C

9. Birthplace Patton W. Va. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name Robert Patton

13. Birthplace Scotland 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary

15. Birthplace unknown - 9
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. Janice Stice a niece

(b) Address St. Louis Mo.

17. (a) Burial (b) Date thereof Jan 23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cabool

18. (a) Signature of funeral director Gaylord J. Elliott

(b) Address Cabool Mo.

19. (a) 2-2- Gaynell Cunningham
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Dr. J. M. South (M. D. or other) _____

Address Cabool Mo. Date signed Jan 23 48

RECEIVED

District Health Officer No. 5
District File Number 248109
Date Filed 2-16-48

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 *Fayard V Elliott*

Licensed Embalmer No. 2252

P. O. Address *Abbe*

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.