FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20472

Registration District No. 2761 — Primary Registration District No. 3056 — Registrar's No. 161

1. PLACE OF DEATH:
(a) County RANDOLPH
(b) City or town MOBERLY (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MC CORMICK HOSP. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 HOURS (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County MONROE
(c) City or town PARIS (If outside city or town limits, write "RURAL")
(d) Street No. MILL ST. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HERBERT PATTON
3. (b) If veteran, name war ✓
3. (c) Social Security No. 489-14-7580

4. Sex MALE
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARY PATTON
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased JUNE (Month) 24, (Day) 1898 (Year)

8. AGE: Years 50 | Months 0 | Days 5 | If less than one day ... hr. ... min.

9. Birthplace FAYETTE (City, town, or county) MO. (State or foreign country)
10. Usual occupation LABORER
11. Industry or business

FATHER
12. Name LOUIS PATTON
13. Birthplace N.K. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name JANE (LAST NAME N.K.)
15. Birthplace N.K. (City, town, or county) (State or foreign country)

16. (a) Informant MARY PATTON
(b) Address PARIS, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-9-1948 (Month) (Day) (Year)
(c) Place: burial or cremation WALNUT GROVE
18. (a) Signature of funeral director Lyell Blakey
(b) Address PARIS, MO.
19. (a) June 9-1948 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 7 year 1948 hour 5 minute 5 A.M.
21. I hereby certify that I attended the deceased from 9-14-45 to June 7, 1945 and that I last saw him alive on June 7, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral apoplexy	NK
Due to: Hemorrhage pneumonia	
Due to: and myocardial degeneration	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations N.D.	
Of autopsy	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Wallis S. Christopher (M. D. Coroner)
Address PARIS, MO. Date signed June 8 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 1
District File Number 6-48-10
Date Filed JUN 16 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.....
....., Registered Apprentice No.....,
working under my personal supervision.

Signed E. L. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, 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.