

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

31885

State File No.

FILED NOV 9 1948

Registration District No.

Primary Registration District No. 5000

Registrar's No. 323

1. PLACE OF DEATH:

(a) County. Adair
(b) City or town. Rural, Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution. R.F.D. # 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. Life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME INA M. PATTON

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex. Female 5. Color or race. White 6. (a) Single, widowed, married, divorced. Widowed
6. (b) Name of husband or wife. Alonzo Patton 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased. May 23 1874
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 6 If less than one day
hr. min.

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

10. Usual occupation. Farmwoman

11. Industry or business.

12. Name. R. J. Richey

13. Birthplace. Zanesville, Ohio
(City, town, or county) (State or foreign country)

14. Maiden name. Nancy Williams

15. Birthplace. Milledgeville, Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant. M. D. Richey

(b) Address. P.O. #4, Kirksville, Mo.

17. (a) Burial (b) Date thereof. 11-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Bullion Cemetery

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

(b) Address. Kirksville, Mo.

19. (a) 11-6-48 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Adair
(c) City or town. Rural, Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30
year 1948 hour 6 minute 10 A. M.

21. I hereby certify that I attended the deceased from Oct 28 to Oct 30 1948.
that I last saw him alive on Oct 28 1948 and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Thrombosis

Due to Hypertensive Cardiovascular Disease

Due to.

Other conditions.
(Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy. 1310

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. 2 80

23. Signature. J. C. Lambert (M. D. or other)

Address. Kirksville, Mo. Date signed. 11/1/48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MAR 15 1955

RECEIVED

District Health Officer No. 10

District File Number 11-48-1917

Date Filed NOV 8 - 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, by

working under my personal supervision. Registered Apprentice No. _____

Signed

Clarence M. Billo

Licensed Embalmer No. 9375

P. O. Address

Kirkville, 9170

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.