

FILED MAR 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7123

BIRTH NO. _____		REG. DIST. NO. 337		PRIMARY REG. DIST. NO. 4497		Registrar's No. 36	
1. PLACE OF DEATH a. COUNTY Shelby				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shelby			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarence		c. LENGTH OF STAY (If this place) 8 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarence		1	
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location) None			
3. NAME OF DECEASED a. (First) Ettie Jane Patton (Type or Print)				b. (Middle)		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) 2-4-1949							
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 7-27-1869	
9. AGE (In years last birthday) 79		10. IF UNDER 1 YEAR Months 6 Days 7		11. IF UNDER 1 YEAR Hours Mins.		12. IF UNDER 1 YEAR Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife				10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) Randolph County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME Paydon Brammer				13b. MOTHER'S MAIDEN NAME Not known		14. NAME OF HUSBAND OR WIFE Joseph Patton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Patton, Clarence, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Hypertension DUE TO (c) Paralysis agitans II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ✓		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. ✓		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 27, 1949, to Feb 4, 1949, that I last saw the deceased alive on Feb 3, 1949, and that death occurred at 4:25 a.m., from the causes and on the date stated above.							
23a. SIGNATURE D. L. Harlan, M.D.				23b. ADDRESS Clarence Mo.		23c. DATE SIGNED Feb 7 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-6-1949		24c. NAME OF CEMETERY OR CREMATORY Leesburg		24d. LOCATION (City, town, or county) (State) Leesburg, Mo.	
DATE REC'D BY LOCAL REG. Mar 2-49		REGISTRAR'S SIGNATURE Ada Garrison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Million & Barkelew, Clarence, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer R. W. 10

District File Number 3-49-4

Date Filed MAR 7 - 1949

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed W. H. Harris

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3498

P. O. Address Shelburne VT

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.