

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

8202

State File No.

FILED APR 1 1949

BIRTH NO.		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette, Missouri</u>		c. LENGTH OF STAY (In this place) <u>70 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>New Addition</u>				d. STREET ADDRESS (If rural, give location) <u>New Addition</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gabe</u> b. (Middle) <u>Patton</u> c. (Last) <u>Patton</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>March 18, 1949</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>3/15/1871</u>	
9. AGE (In years last birthday) <u>78</u>		10. MONTHS <u>0</u>		11. YEARS <u>3</u>		12. IF UNDER 1 YRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Howard County Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>							
13a. FATHER'S NAME <u>Lewis Patton</u>				13b. MOTHER'S MAIDEN NAME <u>Jane Hannah</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Rose Williams</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. R. G. Williams</u>	
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.				19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>			
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) (Min.)		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 <u>July</u> , 19 <u>48</u> , to <u>March 18</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb 15</u> , 19 <u>49</u> , and that death occurred at <u>2:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James D. Williams M.D.</u>				23b. ADDRESS <u>Lee Hospital, Fayette, Mo.</u>		23c. DATE SIGNED <u>3-29-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/21/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fayette, Missouri</u>	
DATE RECD' BY LOCAL REG. <u>3-26-1949</u>		REGISTRAR'S SIGNATURE <u>Dorothy Fern Salin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Case</u>			
				ADDRESS <u>Fayette Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3-30-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ☒ or by

Marshall C. Blackwell

Student Embalmer No.

293

working under my personal supervision.

Signed Marshall C. Blackwell
Student Embalmer

Signed

Ralph A. Carr

Licensed Embalmer No.

3340

P. O. Address

Fayette 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.