

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15398**

BIRTH NO. _____		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>4165</u>		Registrar's No. <u>56</u>	
1. PLACE OF DEATH a. COUNTY <u>Daviess</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gallatin</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gallatin</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>---</u>				d. STREET ADDRESS (If rural, give location) <u>---</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Deen</u>		b. (Middle) <u>Alderson</u>		c. (Last) <u>Patton</u>	
4. DATE OF DEATH		(Month) <u>May</u>		(Day) <u>19</u>		(Year) <u>1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 29 1912</u>	
9. AGE (In years last birthday) <u>37</u>		10. MONTHS <u>0</u>		11. DAYS <u>20</u>		12. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumberman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber Yard</u>			
11. BIRTHPLACE (State or foreign country) <u>Daviess County, Missouri</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Harry E. Patton</u>				13b. MOTHER'S MAIDEN NAME <u>Henrietta Kivet</u>			
14. NAME OF HUSBAND OR WIFE <u>Mary K. Patton</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			
16. SOCIAL SECURITY NO. <u>497-03-4830</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Harry E. Patton</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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</u> <u>with cavitation bilate.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES ☐ NO ☒				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 ☐ NOT WHILE AT WORK ☐			
21f. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from <u>Nov</u> , 19 <u>45</u> , to <u>May 19, 1949</u> , that I last saw the deceased alive on <u>May 17, 1949</u> , and that death occurred at <u>5:15 P.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Edward Birjan</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Gallatin Mo</u>			
23c. DATE SIGNED <u>26 May 49</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>5-22-1949</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Brown Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Gallatin, Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home</u> ADDRESS <u>Gallatin, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>31 May 1949</u>				REGISTRAR'S SIGNATURE <u>Sequencia M. Engelhart</u>			
16. Licensed Embalmer's Statement on Reverse (Side)							

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

JUL 13 1961

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 _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3302

P. O. Address Callahan, 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.