

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24438

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3052 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hill Street		d. STREET ADDRESS (If rural, give location) Hill Street	
3. NAME OF DECEASED (Type or Print) a. (First) Isaac		b. (Middle) Newton	
c. (Last) Patton		4. DATE OF DEATH (Month) (Day) (Year) July 26, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH June 11, 1888
9. AGE (In years last birthday) 61		10. IF UNDER 1 YEAR Months 0 Days 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Harrison Patton		13b. MOTHER'S MAIDEN NAME Mary E. Brizendine	
14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Cora E. Patton		ADDRESS Richmond, 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) Hemie Poisoning ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertrophy Prostate DUE TO (c) Dilated Heart 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)		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 Mar 15, 1949, to July 26, 1949, that I last saw the deceased alive on July 26, 1949, and that death occurred at 1:20 A.M., from the causes and on the date stated above.			
23a. SIGNATURE Dr. E. G. Ruman M.D.		23b. ADDRESS Richmond, Mo.	
23c. DATE SIGNED July 27, 49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-28-1949	
24c. NAME OF CEMETERY OR CREMATORY New Garden Cemetery		24d. LOCATION (City, town, or county) 5 miles southeast (State) Mo.	
DATE REC'D BY LOCAL REG. July 27-1949		REGISTRAR'S SIGNATURE Malah Jackson 273	
25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Carter		ADDRESS Richmond, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 2
District Health Officer No. 8,
District File Number _____
Date Filed 8-12-49

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.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 4474

P. O. Address Richardson, 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.