

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3959 Registrar's No. 228

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

0117

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Barnard	
c. LENGTH OF STAY (in this place) 13 Days		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Zion	c. (Last) Patton	4. DATE OF DEATH (Month) (Day) (Year) Febr. 24 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH April 15, 1881	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Meat Inspector	10b. KIND OF BUSINESS OR INDUSTRY U.S. Gov.	11. BIRTHPLACE (State or foreign country) Lee County Va.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James H. Patton	13b. MOTHER'S MAIDEN NAME Martha Ann Bowling	14. NAME OF HUSBAND OR WIFE Della
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME E.W. Patton	ADDRESS Barnard, Missouri
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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		INTERVAL BETWEEN ONSET AND DEATH 5 days 4500 ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Morbid. pneumonia		
	ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Mitral Stenosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **7:30**, 19**50**, to **7:34**, 19**50**, that I last saw the deceased alive on **7:24**, 19**50**, and that death occurred at **7:30P m.**, from the causes and on the date stated above.

23a. SIGNATURE (In case of title) Frank Handgail MD	23b. ADDRESS St. Joseph Mo 670 Francis St	23c. DATE SIGNED 2/24/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-25-1950	24c. NAME OF CEMETERY OR CREMATORY Barnard Cemetery	24d. LOCATION (City, town, or county) (State) Barnard, Missouri
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DATE REC'D BY LOCAL REG. Feb. 28, 1950	REGISTRAR'S SIGNATURE G. C. Jenkins	382	25. FUNERAL DIRECTOR'S SIGNATURE Norman W. Eidenladen	ADDRESS 1802 Union St
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(Licensed Embalmer's Statement on Reverse Side)

APR 21 1950

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.....

.....
working under my personal supervision.

..... Student Embalmer No.

Signed Robert H. Gable.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3308.....

P. O. Address St. Joseph, 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.