

FILED MAR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7856

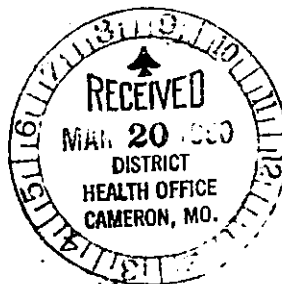
BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4060 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY OR TOWN <u>Breckenridge</u>		c. CITY OR TOWN <u>Hellstone</u>	
c. LENGTH OF STAY (in this place) <u>1 year</u>		d. STREET ADDRESS <u>No street address</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		e. STREET ADDRESS (If really give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jacob</u> b. (Middle) <u>Stephen</u> c. (Last) <u>PATTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 8 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 22 1868</u>
9. AGE (In years last birthday) <u>81</u>	10. MONTHS <u>8</u>	11. DAYS <u>16</u>	12. HOURS <u>10</u> MIN. <u>30</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Taxing</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	
11. BIRTHPLACE (State or foreign country) <u>West Va.</u>		12. CITIZENSHIP OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Patton</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Weaver</u>	
13c. NAME OF HUSBAND OR WIFE <u>Chas. Belle Block</u>		14. NAME OF HUSBAND OR WIFE <u>Chas. Belle Block</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dorothy Davidson</u>		18. ADDRESS <u>7 E. Mo</u>	
19. 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) <u>myocardial infarction</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. INTERVAL BETWEEN ONSET AND DEATH <u>4/10X</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>Jan 10</u> , 19 <u>50</u> , to <u>Mar 8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Mar 8</u> , 19 <u>50</u> , and that death occurred at <u>10:30</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. W. C. C. C.</u> (Degree or title)		23b. ADDRESS <u>Breckenridge Mo</u>	
23c. DATE SIGNED <u>3-10-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Mar 10, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Weaver Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hellstone, Caldwell Co. Mo.</u>
DATE REC'D BY LOCAL REG. <u>3/16/50</u>	REGISTRAR'S SIGNATURE <u>Mrs. Nell B. Jones</u>	373	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Lawrence House</u> ADDRESS <u>Hellstone</u>

(Licensed Embalmer's Statement on Reverse Side)

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

0130



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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *R. J. Brann*

Licensed Embalmer No. *3052*

P. O. Address *Hamlet, 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.