

FILED SEP 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27494

0612

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Macon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Macon</u> 0612	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>312 Main</u>		d. STREET ADDRESS (If rural, give location) <u>312 Main</u> 0	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Leonie</u> c. (Last) <u>Patten</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 14, 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>October 26, 1879</u>
9. AGE (In years last birthday) <u>79</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>H.W. Patten</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy S. Foster</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rebecca Clark</u> ADDRESS <u>Macon</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Acute Myocardial Infarction</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Coronary atherosclerosis</u> <u>Chronic Glomerulonephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</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)		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>7/5/1950</u> , to <u>8/14/1950</u> , that I last saw the deceased alive on <u>8/14/1950</u> and that death occurred at <u>3:30 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>C. L. Surden</u> (Degree or title)		23b. ADDRESS <u>Macon</u>	
23c. DATE SIGNED <u>8/17/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Aug 16, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chapel Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Macon Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stephen E. Spadsky</u> ADDRESS <u>Macon</u>	
DATE REC'D BY LOCAL REG. <u>8-26-50</u>		REGISTRAR'S SIGNATURE <u>Pat M. Neely</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED 9. 11. 50
MACON COUNTY HEALTH DEPARTMENT
County File No. 9. 50. 146175
Date Filed 9. 12. 50

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 George W. Navalt

Licensed Embalmer No. 4799

P. O. Address Macon

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.