

FILED SEP 19 1950

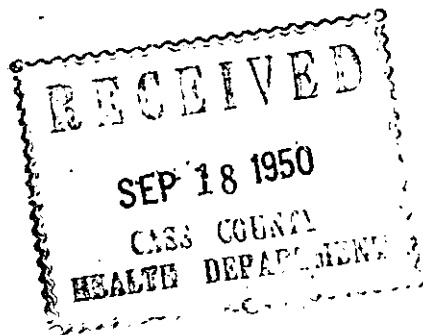
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29729

|                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                      |  |                                                                                     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|--|
| BIRTH NO. _____                                                                                                                                                                                                                                                  |  | REG. DIST. NO. 3                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | PRIMARY REG. DIST. NO. 5219                                                                                                                          |  | Registrar's No. 138                                                                 |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cass</u>                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> <u>1190</u> |  |                                                                                     |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Garden City - Rural</u>                                                                                                                                                       |  | c. LENGTH OF STAY (In this place)<br><u>68 yrs.</u>                                                                                                                                                                                                                                                                                                                                                                                                  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Garden City - Rural - Camp Branch Twp.</u>                        |  |                                                                                     |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 Mile North - Camp Branch Twp.</u>                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | d. STREET ADDRESS (If rural, give location)<br><u>2 1/2 Mile North - Garden City</u>                                                                 |  |                                                                                     |  |
| 3. NAME OF DECEASED<br>(Type or Print)                                                                                                                                                                                                                           |  | a. (First) <u>Emma</u>                                                                                                                                                                                                                                                                                                                                                                                                                               |  | b. (Middle) <u>Beall</u>                                                                                                                             |  | c. (Last) <u>Patton</u>                                                             |  |
| 4. DATE OF DEATH                                                                                                                                                                                                                                                 |  | Month <u>Sept.</u> Day <u>7</u> Year <u>1950</u>                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                      |  |                                                                                     |  |
| 5. SEX <u>Female</u>                                                                                                                                                                                                                                             |  | 6. COLOR OR RACE <u>White</u>                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>                                                                             |  | 8. DATE OF BIRTH <u>Dec. 18, 1881</u>                                               |  |
| 9. AGE (In years last birthday) <u>68</u>                                                                                                                                                                                                                        |  | 10. MONTHS <u>68</u>                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 11. DAYS <u>68</u>                                                                                                                                   |  | 12. HOURS <u>68</u>                                                                 |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>                                                                                                                                                  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>✓</u>                                                                                                                                                                                                                                                                                                                                                                                                        |  | 11. BIRTHPLACE (State or foreign country)<br><u>Garden City, Missouri</u>                                                                            |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                                       |  |
| 13a. FATHER'S NAME<br><u>Jonathan Tomlinson</u>                                                                                                                                                                                                                  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Elizabeth M. Cance</u>                                                                                                                                                                                                                                                                                                                                                                                               |  | 14. NAME OF HUSBAND OR WIFE<br><u>W. D. Patton</u>                                                                                                   |  |                                                                                     |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><u>No</u>                                                                                                                                                                                   |  | 16. SOCIAL SECURITY NO.<br><u>None</u>                                                                                                                                                                                                                                                                                                                                                                                                               |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>W. D. Patton</u>                                                                                             |  | ADDRESS<br><u>Garden City, Missouri</u>                                             |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                                    |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of rectum</u><br><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Can't say</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><br><u>154X</u> |  |                                                                                                                                                      |  | INTERVAL BETWEEN ONSET AND DEATH                                                    |  |
| 19a. DATE OF OPERATION<br><u>✓</u>                                                                                                                                                                                                                               |  | 19b. MAJOR FINDINGS OF OPERATION                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                      |  | 20. AUTOPSY?<br>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) _____ m.                                                                                                                                                                                                         |  | 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 <u>Sept. 6, 1950</u> , to <u>Sept. 7, 1950</u> , that I last saw the deceased alive on <u>Sept. 7, 1950</u> , and that death occurred at <u>5:00 p.m.</u> , from the causes and on the date stated above. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                      |  |                                                                                     |  |
| 23a. SIGNATURE<br><u>H. M. Ellis</u>                                                                                                                                                                                                                             |  | (Degree or title)<br><u>M.D.</u>                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 23b. ADDRESS<br><u>Ellis Building</u>                                                                                                                |  | 23c. DATE SIGNED<br><u>Sept. 8, 1950</u>                                            |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                                                                                                                                                                                                       |  | 24b. DATE<br><u>Sept. 9, 1950</u>                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Garden City Cemetery</u>                                                                                    |  | 24d. LOCATION (City, town, or county) (State)<br><u>Garden City, Missouri</u>       |  |
| DATE REC'D BY LOCAL REG.<br><u>Sept 9, 1950</u>                                                                                                                                                                                                                  |  | REGISTRAR'S SIGNATURE<br><u>Laura J. Jones</u>                                                                                                                                                                                                                                                                                                                                                                                                       |  | 51<br><u>Atkinson Bros. Funeral Home</u>                                                                                                             |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Garden City, Missouri</u>                    |  |

(Licensed Embalmer's Statement on Reverse Side)

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



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**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, on by \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Billy J. Hickey

Licensed Embalmer No. 4685

P. O. Address Hardin City, Missouri

**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.