

FILED OCT 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30032

128

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 2000 Registrar's No. 874A

1. PLACE OF DEATH a. COUNTY SPRINGFIELD				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Laclede									
b. CITY OR TOWN Springfield		c. LENGTH OF STAY (in this place) 2 days		c. CITY OR TOWN Lebanon		0532							
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				d. STREET ADDRESS (If rural, give location) 433 South Jefferson									
3. NAME OF DECEASED (Type or Print) a. (First) Edna			b. (Middle) C.		c. (Last) Patton		4. DATE OF DEATH (Month) (Day) (Year) Oct. 4, 1950						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 27, 1900		9. AGE (In years last birthday) 49		IF UNDER 1 YEAR Months 10 Days 13		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Dallas County Mo.				12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Jerry Medley				13b. MOTHER'S MAIDEN NAME Martha Breedlove				14. NAME OF HUSBAND OR WIFE Ray H. Patton					
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Opal Medley Lebanon, 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable brain tumor ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Type & location of tumor II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (Supp report)										INTERVAL BETWEEN ONSET AND DEATH 1 year unknown	
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) Springfield, Green, Mo.							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 10-2 , 1950, to 10-4 , 1950, that I last saw the deceased alive on 10-4 , 1950, and that death occurred at 5:15 P.M. , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Romer C. Marshall, M.D.						23b. ADDRESS Prof Bldg. Springfield				23c. DATE SIGNED 10-6-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 6, 1950		24c. NAME OF CEMETERY OR CREMATORY City Cemetery				24d. LOCATION (City, town, or county) (State) Lebanon, Mo.					
DATE REC'D BY LOCAL REG. 10-9-50		REGISTRAR'S SIGNATURE W.E. Handley MD				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.E. Holman Lebanon Mo.							

(Licensed Embalmer's Statement on Reverse Side)

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

584340

584340

FEB 4 1954

FEB 2 1954

FEB 1 1954

FEB 3 1954

NOV 22 1953

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 William A. Fulks

Licensed Embalmer No. 4658

P. O. Address Lebanon, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.