

FILED NOV 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32514**

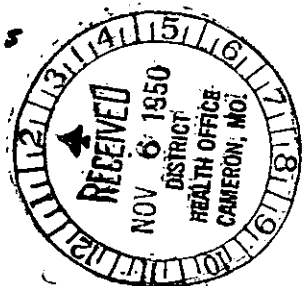
0020

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5019 Registrar's No. 478

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Helena RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>3MI, South of Helena Mo.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>HOME 3MI, S, of Helena</u>		d. STREET ADDRESS (If rural, give location) <u>Helena Mo</u>	
3. NAME OF DECEASED a. (First) <u>Charles</u> b. (Middle) <u>Edward</u> c. (Last) <u>Patton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct, 24 50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 11, 1876</u>
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u>13</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	
11. BIRTHPLACE (State or foreign country) <u>Andrew Co, Mo,</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John Patton</u>		13b. MOTHER'S MAIDEN NAME <u>Francis Turnipseed</u>	
14. NAME OF HUSBAND OR WIFE <u>Sarah Patton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Sarah Patton</u>		ADDRESS <u>Helena Mo</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* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid 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>1 wk</u>	
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)			
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>Oct 20, 1950</u> to <u>Oct 24, 1950</u> , that I last saw the deceased alive on <u>Oct 20, 1950</u> and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>E M Reynolds MD</u> (Degree or title)		23b. ADDRESS <u>Union Star Mo</u>	
23c. DATE SIGNED <u>10-27-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-26-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bethel</u>		24d. LOCATION (City, town, or county) (State) <u>Cosby Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-1-50</u>		REGISTRAR'S SIGNATURE <u>William Sparks</u>	
FUNDAL DIRECTOR'S SIGNATURE <u>John Brown</u>		ADDRESS <u>Marionville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



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 _____
Student Embalmer

Signed _____

Licensed Embalmer No. 3933

P. O. Address _____

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.