

FILED DEC 6 1950

STANDARD CERTIFICATE OF DEATH

State File No. 36160

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5120 Registrar's No. 309

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY OR TOWN Columbia
c. LENGTH OF STAY (in this place) 35 years
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 5 - Columbia Township

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Boone
c. CITY OR TOWN Columbia
d. STREET ADDRESS (If rural, give location) Route 5 - Columbia Township

3. NAME OF DECEASED (Type or Print) a. (First) STERLING b. (Middle) PRICE c. (Last) PATTON
4. DATE OF DEATH (Month) (Day) (Year) Nov. 29, 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Mar. 8, 1866 9. AGE (In years) (last birthday) 84 8 21

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Montgomery County, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME James Patton 13b. MOTHER'S MAIDEN NAME Catherine Taylor 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rosa Patton, Route 5, Columbia, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Arteriosclerosis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Scurvity
INTERVAL BETWEEN ONSET AND DEATH 331X

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) (Minute) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Viewed as copover

22. I hereby certify that I attended the deceased from viewed as copover, 19, to, 19, that I last saw the deceased alive on, 19, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE Harry M. Griffith, M.D. (Degree or title) 23b. ADDRESS Columbia Mo 23c. DATE SIGNED 11-30-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Nov. 30, 1950 24c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery 24d. LOCATION (City, town, or county) (State) Columbia, Mo.

DATE REC'D BY LOCAL REG. Nov. 30 1950 REGISTRAR'S SIGNATURE Mrs R.E. Palmer 31 FUNERAL DIRECTOR'S SIGNATURE ADDRESS o Parker Funeral Service, Columbia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 12/5/50

DISTRICT HEALTH OFFICE No. 3

District File No.

Date Filed 12 5 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Thas L. Harrison

Licensed Embalmer No. 4132

P. O. Address Columbia

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.