

FILED JUN 22 1951

STANDARD CERTIFICATE OF DEATH

State File No. **20000**

451  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>60</u>		
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fayette</u>		c. LENGTH OF STAY (in this place) <u>6 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fayette</u>		<u>1451</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>208 Lynn St.</u>				d. STREET ADDRESS (If rural, give location) <u>208 Lynn St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Oscar</u>			b. (Middle) <u>--</u>	c. (Last) <u>Patton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 15, 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Jan. 29, 1888</u>	9. AGE (In years) (Month) (Day) (Year) <u>63</u>	IF UNDER 1 YEAR <u>4</u> Months	IF UNDER 24 HRS. <u>18</u> Hours	
10a. USUAL OCCUPATION (Give kind of work depending upon most of working life, even if retired) <u>Stock Buyer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Howard Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Francis Patton</u>			13b. MOTHER'S MAIDEN NAME <u>Laura Farris</u>		14. NAME OF HUSBAND OR WIFE <u>-----</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-18-2828</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Richard Patton</u>				ADDRESS <u>Fayette, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Spinal Carcinoma</u> ANTECEDENT CAUSES DUE TO (b) <u>No primary focus could be discovered</u> DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>196x</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 <u>June 1, 1950</u> , to <u>June 15, 1951</u> , that I last saw the deceased alive on <u>June 13, 1951</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>James D. Dean</u>				23b. ADDRESS <u>Fayette, Mo.</u>		23c. DATE SIGNED <u>16 June 1951</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/17/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fayette City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fayette, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>16-June-51</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Shell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward F. Boyles</u>		ADDRESS <u>Fayette, MO</u>		

RECEIVED

6-21-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 6-21-51

1951 JUN 27 10:01

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 Edward F. Bradley

Signed.....  
Student Embalmer

Licensed Embalmer No. 45153

P. O. Address Fayette MO

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.