

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32797

State File No.

Registrar's No. 296

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 2008

1. PLACE OF DEATH a. COUNTY <u>Ballaway.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly.</u>	
c. LENGTH OF STAY (in this place) <u>36 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 3. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 1</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>EMILY</u>	b. (Middle) <u>SUSIE</u>	c. (Last) <u>PATTON.</u>	<u>10. 20 1951</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>D.K.</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>D.K.</u> Days <u>D.K.</u> Hours <u>D.K.</u> Min. <u>D.K.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>D.K.</u>	13b. MOTHER'S MAIDEN NAME <u>D.K.</u>	14. NAME OF HUSBAND OR WIFE <u>L. E. Patton.</u>
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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>Hospital Records</u> ADDRESS <u>Fulton Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</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. <u>Chronic hypertension. malnutrition.</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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)	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 10-18, 1951, to 10-20, 1951, that I last saw the deceased alive on 10-20, 1951, and that death occurred at 9:55 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. J. Miller MD by A. F. Mayo MD</u> (Degree or title)	23b. ADDRESS <u>Fulton Mo.</u>	23c. DATE SIGNED <u>10-20/51.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Oct-22-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parkland</u>	24d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Oct 21-1951</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Snow Funeral Home</u> ADDRESS <u>Moberly Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

43
2

FILED NOV 1 1951

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 27 1951

RECEIVED

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 _____

R. M. Carter

Licensed Embalmer No. _____

P. O. Address _____

4117
Moberly 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.