

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 5802 PRIMARY REG. DIST. NO. 276 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Monroe County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give town) Duncans Bridge	c. LENGTH OF STAY (in this place) 2 Dya	c. CITY (If outside corporate limits, write RURAL and give township) Clarence, Mo. 1020	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) X	

3. NAME OF DECEASED (Type or Print) JOSEPH NIMROD PATTON	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 10-18-1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-26-1856	9. AGE (In years last birthday) 94 If UNDER 1 YEAR Months 9 If UNDER 24 HRS. Hours 20 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Shelby Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Van Buren Patton	13b. MOTHER'S MAIDEN NAME Mary Jane Fifer	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Mrs. Herbert Bean, Clarence, Mo.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days 15 Years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Insufficiency		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Glomerulonephritis		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 593X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 10-16, 1951, to 10-18, 1951, that I last saw the deceased alive on 10-18, 1951, and that death occurred at 8:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE B. L. Edrington	(Degree or title) D.O.	23b. ADDRESS Clarence, Mo.	23c. DATE SIGNED 10-18-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-19-1951	24c. NAME OF CEMETERY OR CREMATORY Phillips Cemty	24d. LOCATION (City, town, or county) (State) Duncans Bridge, Mo.
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DATE REC'D BY LOCAL REG. 10-21-51	REGISTRAR'S SIGNATURE Anna M. Bussitt	437.	25. FUNERAL DIRECTOR'S SIGNATURE Barkeley-Hawkins, Clarence, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Date Received: NOV 13 1951
DISTRICT HEALTH OFFICE #2
District File Number 11-57-3038
Date Filed: NOV 13 1951

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 _____

Licensed Embalmer No. 3498

P. O. Address Shiloh - 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.