

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. **36987**

FILED DEC 3 1951

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1004

1. PLACE OF DEATH (Where deceased lived. If institution: residence before admission.)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <u>Greene</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Barry</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2107 W. Phelps</u>		d. STREET ADDRESS (If rural, give location) <u>W-10th St 1</u>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)
a. (First) <u>Martha</u>			DATE OF DEATH <u>Nov-22-51</u>
b. (Middle) _____			
c. (Last) <u>Patton</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 20-1873</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>Housewife</u>	9. AGE (In years last birthday) <u>78</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Jane Housewright</u>	14. NAME OF HUSBAND OR WIFE <u>Robert Winfield</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Judy Wadley Tulsa Okla</u>
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) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Nephrosclerosis</u>	
		DUE TO (c) <u>Generalized Arteriosclerosis</u>	
II. OTHER SIGNIFICANT CONDITIONS		Cerebral vascular thrombosis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
		446X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>11-14</u> , 19 <u>51</u> , to _____, 19____, that I last saw the deceased alive on <u>11-14</u> , 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
23a. SIGNATURE <u>E. B. Heyman</u> (Degree or title)		23b. ADDRESS <u>Springfield, Mo</u>	
23c. DATE SIGNED <u>11-26-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-25-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Truitt Park</u>		24d. LOCATION (City, town, or county) (State) <u>5 mi S of Monett Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-26-51</u>		REGISTRAR'S SIGNATURE <u>E. B. Heyman</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Buchanan</u> ADDRESS <u>Monett, Mo</u>	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. R. Buchanan
Licensed Embalmer No. 3179

P. O. Address Monett 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.