

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40593**

FILED DEC 31 1951

BIRTH NO. _____ REG. DIST. NO. **13** PRIMARY REG. DIST. NO. **3003** Registrar's No. **78**

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett	
c. LENGTH OF STAY (in this place) 16 yrs.		d. STREET ADDRESS (If rural, give location) 800 Cleveland	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Edgar b. (Middle) Lavoid c. (Last) Patton, Sr.			4. DATE OF DEATH (Month) (Day) (Year) 12 16 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 18, 1896	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 8 Days 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Shoe Store	11. BIRTHPLACE (State or foreign country) Olvey, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Wiley Patton	13b. MOTHER'S MAIDEN NAME Mary Compton	14. NAME OF HUSBAND OR WIFE Ruby Patton Monett, Mo.
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. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruby Patton Monett, Mo. ADDRESS _____

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 days
	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) _____		
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 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **12-12-51**, 19**51**, to **12-16**, 19**51**, that I last saw the deceased alive on **12-16-51**, 19**51**, and that death occurred at **4:35 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Frank Kern MD (Degree or title)	23b. ADDRESS Monett Mo	23c. DATE SIGNED 12-17-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-18-1951	24c. NAME OF CEMETERY OR CREMATORY Maple Wood Cemetery
DATE REC'D BY LOCAL REG. 12-17-51		24d. LOCATION (City, town, or county) (State) Harrison Arkansas
REGISTRAR'S SIGNATURE Olvey A. Wornat 465		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mercer Funeral Home Monett, Mo.

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED; DEC 26 1951

Dist. File 1251-3194

Date Filed 12-28-51

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

Roy A. Mercer

Licensed Embalmer No. 4432

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.