

FILED MAY 6 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13613

State File No. ....

BIRTH NO. .... REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5785 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Maine</u> b. COUNTY <u>Miss</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dogwood-Tunk</u>	c. LENGTH OF STAY (in this place) <u>2 Month</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bertrand R. #1 0670</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>		d. STREET ADDRESS (If rural, give location) <u>West of Dogwood</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Loella</u>	b. (Middle) <u>-</u>	c. (Last) <u>Patton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 17 1952</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>JUNE 8, 1881</u>	9. AGE (In years) (If under 1 year last birthday) (If under 1 year Months) (If under 1 year Days) (If under 1 year Hours) (If under 1 year Min.) <u>70 2</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Horse wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Horse wife</u>	11. BIRTHPLACE (State or foreign country) <u>Ark-Randolph Co</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
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13a. FATHER'S NAME <u>John Wilson</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Murdoch</u>	14. NAME OF HUSBAND OR WIFE <u>R. T. Patton the late</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or name of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>0</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marvin Walden</u>	18. ADDRESS <u>S. Patton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 days</u>
	ANTECEDENT CAUSES <u>Cardio Vasculav Disease</u>		
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Arteriosclerosis</u>		
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 <u>4221</u>	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) (Min.)	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 4/10, 1952, to 4/10/52, 1952; that I last saw the deceased alive on 4/10, 1952, and that death occurred at 3:15 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Sharon E. McElreath D</u>	23b. ADDRESS <u>Bertrand, Mo.</u>	23c. DATE SIGNED <u>4/18/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>April 19 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Palastina Ark</u>	24d. LOCATION (City, town, or county) (State) <u>Palastina Ark</u>
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DATE REC'D BY LOCAL REG. <u>4/22/52</u>	REGISTRAR'S SIGNATURE <u>Marvin Walden</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Orville Taylor</u>	ADDRESS <u>Road 473</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

0670

APR 25 REC'D

RECEIVED  
Miss. Co. Health Dept  
County File No. \_\_\_\_\_  
Date Filed MAY 5 1952

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. E. Miller  
Licensed Embalmer No. 4126

P. O. Address Paris, 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.