

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15720

State File No.

FILED MAY 21 1952

BIRTH NO.

REG. DIST. NO. 43

PRIMARY REG. DIST. NO. 3007

Registrar's No. 231

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital		d. STREET ADDRESS (If rural, give location) 205 North "B" St.	
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) B. c. (Last) PATTON		4. DATE OF DEATH (Month) (Day) (Year) May 1, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH Sept. 1, 1869
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer		9b. KIND OF BUSINESS OR INDUSTRY Laboring	
11. BIRTHPLACE (State or foreign country) Beuno Vista, Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William A. Patton		13b. MOTHER'S MAIDEN NAME Mandie S. Rice	
14. NAME OF HUSBAND OR WIFE Mrs. Lettie Patton		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	
16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lettie Patton, Poplar Bluff,	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage - Gastric ANTECEDENT CAUSES DUE TO (b) Gastric Tumor DUE TO (c) Robt. Carcinoma 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 151X	
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) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 4-20 , 19 52 , to 5-1 , 19 52 , that I last saw the deceased alive on 5-1 , 19 52 , and that death occurred at 1:30 A. m. , from the causes and on the date stated above.	
23a. SIGNATURE Brooks, M.D. (Degree or title)		23b. ADDRESS Poplar Bluff, Mo.	
23c. DATE SIGNED 5-10-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE May 3, 1952		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	
24d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell Funeral Chapel	
DATE REC'D BY LOCAL REG. 5-12-52		REGISTRAR'S SIGNATURE Wm. H. Johnson	
25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell Funeral Chapel		ADDRESS Poplar Bluff, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAY 20 1952
BUTLER CO. HEALTH CENTER
FILE No. 552-265

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, ~~my~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Howard A. Cooper

Licensed Embalmer No. 3996

P. O. Address

412 Vine St. Poplar Bluff

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.