No. 300
10.48

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

FILED MAY 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16249

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5543 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY: Howard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Boons Lick
c. LENGTH OF STAY (In this place): 18 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.R. Boonesboro Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Howard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fayette 0451
d. STREET ADDRESS (If rural, give location): 313 E. Morrison 6

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle):
c. (Last): Patton

4. DATE OF DEATH (Month) (Day) (Year): May 3, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6/27/1881
9. AGE (In years last birthday): 70 — If under 1 year: Months 10, Days 6 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (State or foreign country): Howard County, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Francis Patton
13b. MOTHER'S MAIDEN NAME: Laura Farris
14. NAME OF HUSBAND OR WIFE: Golda Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: 497-12-5417
17. INFORMANT'S SIGNATURE OR NAME: Mrs Frank Patton 313 E Morrison Fayette 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: none

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mild arteriosclerosis — 2 yrs.
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
4500
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1946, *to* May 3, 1952, *that I last saw the deceased alive on* May 2, 1952, *and that death occurred at* 9:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. T. Shaw (Degree or title) M.D.
23b. ADDRESS: Fayette Mo.
23c. DATE SIGNED: 3 May 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/5/1952
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): Fayette Missouri

DATE REC'D BY LOCAL REG.: May 4, 1952
REGISTRAR'S SIGNATURE: Walker Audsley
25. FUNERAL DIRECTOR'S SIGNATURE: Ralph A Carr
ADDRESS: Fayette, Mo.

(Licensed Embalmer's Statement on Reverse Side)

ORIGINAL

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~~ .....

working under my personal supervision.

Student Embalmer No. .....

Signed Ralph A Carr

Signed.....
Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Fayette, 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.