S. No. 300
v. 10.48

FILED AUG 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27241

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 906

1. PLACE OF DEATH
a. COUNTY Buchanan 011 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph
c. LENGTH OF STAY (In this place) 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Buchanan 011 0
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace, Missouri 1
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) AUBREY
b. (Middle) LYNN
c. (Last) PATTON

4. DATE OF DEATH (Month) 8 (Day) 23 (Year) 1952

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0
8. DATE OF BIRTH 8-14-1952
9. AGE (In years last birthday) 0 — If under 1 year: Months 0, Days 9; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY No
11. BIRTHPLACE (State or foreign country) ~~St.~~ Wathena, Kansas 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Lee Patton
13b. MOTHER'S MAIDEN NAME Laura Andrus
14. NAME OF HUSBAND OR WIFE None

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. None
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Lee Patton, Wallace, Missouri

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) Pneumonia, Bronchial — INTERVAL BETWEEN ONSET AND DEATH: 3 d.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Diarrhea, infantile — 4 d

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 7640
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) St Joseph Buch. Mo.
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* 8-21, 1952 *to* 8-27, 1952, *that I last saw the deceased alive on* 8-23, 1952, *and that death occurred at* 1:20P m., *from the causes and on the date stated above.*

23a. SIGNATURE H. Dilansen MD (Degree or title)
23b. ADDRESS St Joseph Mo.
23c. DATE SIGNED 8-25-1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-25-1952
24c. NAME OF CEMETERY OR CREMATORY Agency Cemetery
24d. LOCATION (City, town, or county) (State) Agency, Missouri

DATE REC'D BY LOCAL REG. Aug 29, 1952
REGISTRAR'S SIGNATURE Carl C. Carter 46
25. FUNERAL DIRECTOR'S SIGNATURE John E. Kipp
ADDRESS St. Joseph, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St Joseph, 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.