

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34362**
Registrar's No. **364**

NOV 3 1952

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008**

01438

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

1. PLACE OF DEATH a. COUNTY STATE HOSPITAL NO 1 CALLOWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MONITEAU	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FULTON MISSOURI		c. LENGTH OF STAY (In this place) 3 yrs 4 mo	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FULTON MO		d. STREET ADDRESS (If rural, give location) TIPTON MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #1			
3. NAME OF DECEASED a. (First) NETTIE b. (Middle) VAN PATTON c. (Last) VAN PATTON			4. DATE OF DEATH (Month) (Day) (Year) OCT 29 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec 12- 1875
9. AGE (In years last birthday) 77	10. MONTHS 10	11. DAYS 20	12. IF UNDER 14 HRS. Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Keeping own home	11. BIRTHPLACE (City and State or Foreign Country) Michigan
12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Dont Know		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) No	17. INFORMANT'S SIGNATURE OR NAME Hospital Records ADDRESS Fulton, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis Myocarditis. Chronic, Generalized Arterio Sclerosis. *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 10 days
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 442 X		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	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) None	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 Oct. 21, 1952 to Oct. 29, 1952 , that I last saw the deceased alive on Oct. 29th, 1952 , and that death occurred at 5:15 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Henry Fowler M.D.		23b. ADDRESS Fulton, Missouri	23c. DATE SIGNED 10/29/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 31/52	24c. NAME OF CEMETERY OR CREMATORY Syracuse Cemetery	24d. LOCATION (City, town, or county) (State) (Syracuse) Mo
DATE REC'D BY LOCAL REG. Oct 31-1952	REGISTRAR'S SIGNATURE Martha Lawrence	25. FUNERAL DIRECTOR'S SIGNATURE Margie F. N.	ADDRESS Fulton Mo

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. V. Ross

Licensed Embalmer No. 9555

P. O. Address Phillipsboro

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.