

S. No. 300-
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6546

State File No. 10-153

FILED FEB 26 1953

| | | | | |
|---|------------------------------|---|---|---|
| BIRTH NO. | | REG. DIST. NO. <u>156</u> | PRIMARY REG. DIST. NO. <u>00000000</u> | Registrar's No. <u>96</u> |
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived), if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u> | | c. LENGTH OF STAY (in this place) <u>10 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u> <u>0425</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u> | | d. STREET ADDRESS (If rural, give location) <u>122 N. Joplin</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMETT</u> b. (Middle) <u>WESLEY</u> c. (Last) <u>PATTON</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 15 1953</u> | | |
| 5. SEX <u>M</u> <u>0</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Jan 24 1874</u> | 9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 MIN. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer-retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Hampton, Iowa</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U S</u> | | | | |
| 13a. FATHER'S NAME <u>Byron Patton</u> | | 13b. MOTHER'S MAIDEN NAME <u>Laura Stewart</u> | | 14. NAME OF HUSBAND OR WIFE <u>Ollie Metsinger Patton</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>XXX</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ollie Patton, Joplin, Mo.</u> |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> 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. <u>4200</u> | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 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 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 <u>4-8</u> , 19 <u>48</u> to <u>2-15</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2-15</u> , 19 <u>53</u> , and that death occurred at <u>6:30p</u> m., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE <u>E. H. Hamilton, M.D.</u> | | 23b. ADDRESS | | 23c. DATE SIGNED |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>Feb 17 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lake</u> | 24d. LOCATION (City, town, or county) (State) <u>Lamar, Missouri</u> |
| DATE REC'D BY LOCAL REG. <u>2-17-53</u> | | REGISTRAR'S SIGNATURE <u>W. S. James</u> <u>138</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Konantz Funeral Home, Lamar, Missouri</u> |

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 2-24-53

Jackson County Health Office

County File Number: 53/2/100

Date Filed 2-25-53

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 Carl H. Kenantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.