

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33849

State File No.

Registrar's No.

FILED OCT 15 1953

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

9319

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI		b. COUNTY PIKE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. LENGTH OF STAY (In this place) CITY OR TOWN CLARKSVILLE		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION D O A CITY HOSPITAL		e. STREET ADDRESS (If rural, give location)		0920	
3. NAME OF DECEASED (Type or Print) a. (First) GUY		b. (Middle) G		c. (Last) PATTON	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH unknown		9. AGE (In years last birthday) 68		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) grain inspector		10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt.		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Frank W. Patton		13b. MOTHER'S MAIDEN NAME Betty Forgey	
14. NAME OF HUSBAND OR WIFE Edith Patton		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown	
17. INFORMANT'S SIGNATURE OR NAME Edith Patton		18. ADDRESS Clarksville, Mo.		19. MEDICAL CERTIFICATION	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not stated as antecedent causes.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 1049pm Sept 23, 1953		19b. MAJOR INDICES OF OPERATION Grand Ave about 1049pm Sept 23, 1953 - Accident		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, in car, in office bldg., etc.) Elevator		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE) St Louis Mo.	
21d. TIME OF INJURY Sept 23 33 10A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E9043	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1049pm, from the causes and on the date stated above.					
23a. SIGNATURE Patrick E Taylor		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 9-28-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 9-25-53		24c. NAME OF CEMETERY OR CREMATORY Clarksville, Mo.	
24d. LOCATION (City, town, or county) Clarksville, Mo.		24e. STATE Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Carroll F.H., Clarksville, Mo.	
DATE REC'D BY LOCAL REG. SEP 28 1953		REGISTRAR'S SIGNATURE J. C. Smith		25. FUNERAL DIRECTOR'S SIGNATURE Carroll F.H., Clarksville, 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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No..... 488

P. O. Address..... St. L.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.