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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34873

State File No. \_\_\_\_\_

FILED OCT 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>376</u>		PRIMARY REG. DIST. NO. <u>6282</u>		Registrar's No. <u>14</u>			
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MO</u> b. COUNTY <u>Wright</u>					
b. CITY (If outside corporate limits, give RURAL and give township) <u>Wright Rural</u>		c. LENGTH OF STAY (in this place) <u>9/10</u>		c. CITY (If outside corporate limits, give RURAL and give township) <u>Rural, Clark Twp.</u>		9/10			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>West of Norwood</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>GERTHA</u>			b. (Middle) _____			c. (Last) <u>PATTON</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>SEP 26, 1953</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			
8. DATE OF BIRTH <u>Oct 25, 1884</u>		9. AGE (In years last birthday) <u>68</u>		10. MONTHS <u>11</u>		11. DAYS <u>1</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>		11. BIRTH PLACE (City and State or Foreign Country) <u>Henry Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>W. E. Weymer</u>			13b. MOTHER'S MAIDEN NAME <u>Missouri</u>			14. NAME OF HUSBAND OR WIFE <u>Bryant Fred Patton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred Patton Norwood, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Sclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Not known</u>	
				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerosis, Hypertension</u>				9/22 known	
				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.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute)		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>May</u> , 19 <u>51</u> , to <u>Sept 26</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Sept 26</u> , 19 <u>53</u> , and that death occurred at <u>1:00 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Ed Connor M.D.</u>				23b. ADDRESS <u>Mountain Ave Mo.</u>		23c. DATE SIGNED <u>Sept 29-1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>9-30-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Forest</u>		24d. LOCATION (City, town, or county) (State) <u>Norwood, Mo</u>			
DATE REC'D BY LOCAL REG. <u>Oct 3 53</u>		REGISTRAR'S SIGNATURE <u>Mrs G R Warden</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank W. W. Warden</u>		ADDRESS <u>Norwood, Mo</u>			

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

RECEIVED OCT 9 1958  
WRIGHT CO. HEALTH DEPT.  
County File Number 1053-138  
Date Filed 10-12-58

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 Frank Stable

Licensed Embalmer No. 4140

P. O. Address W. H. Gray, Me

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.