

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35029**

FILED **OCT 26 1953**

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 5119 Registrar's No. 42

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

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Boone	
b. CITY OR TOWN Centralia		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Centralia	
d. FULL NAME OF HOSPITAL OR INSTITUTION Centralia, Missouri		d. STREET ADDRESS (If rural, give location) Three miles south			
3. NAME OF DECEASED (Type or Print) a. (First) Walter		b. (Middle) Everett		c. (Last) Patton	
4. DATE OF DEATH (Month) (Day) (Year) October 23 1953		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH December 24, 1875		9. AGE (in years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Greensburg, Indiana	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Samuel R. Patton		13b. MOTHER'S MAIDEN NAME Mary Humes	
14. NAME OF HUSBAND OR WIFE Elise Marshall 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. No	
17. INFORMANT'S SIGNATURE OR NAME Mrs Elise Marshall Patton		ADDRESS Centralia, Mo			
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) Coronary infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis, generalized 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		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) Boone Mo	
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 10/23 , 19 53 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7pm , from the causes and on the date stated above.					
23a. SIGNATURE Henry Sweet Jr. M.D. Coroner		23b. ADDRESS Columbia Mo		23c. DATE SIGNED 10/29/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE October 26		24c. NAME OF CEMETERY OR CREMATORY East Hill	
24d. LOCATION (City, town, or county) (State) Indiana		25. FUNERAL DIRECTOR'S SIGNATURE Bill E. Hester			
DATE REC'D BY LOCAL REG. Oct 25-1953		REGISTRAR'S SIGNATURE Maud M. Barrett		ADDRESS Centralia, Missouri	

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Bill J. Medlar

Signed.....
Student Embalmer

Licensed Embalmer No. 4876

P. O. Address Antonia, 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.