

# STANDARD CERTIFICATE OF DEATH

38239

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

FILED NOV 19 1953

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5109</u>		Registrar's No. <u>65</u>	
1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BOLLINGER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-CROOKED CRK</u>		c. LENGTH OF STAY (In this place) <u>2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-CROOKED CRK</u>		d. STREET ADDRESS (If rural, give location) <u>BESSVILLE, MO Route 0090</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>							
3. NAME OF DECEASED (Type or Print) <u>EMMA</u>		a. (First) <u>EMMA</u>		b. (Middle) <u>ADELINE</u>		c. (Last) <u>PATTON</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 14 1953</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>Sept 17-1879</u>		9. AGE (In years last birthday) <u>74</u>		10. MONTHS <u>1</u>		11. DAYS <u>28</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>				10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (City and State or Foreign Country) <u>BOLLINGER COUNTY MO</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Christopher Rhodes</u>		13b. MOTHER'S MAIDEN NAME <u>ELIMA SAE LAWSON</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM H. PATTON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Patton</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>Cardiac insufficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular disease</u> DUE TO (c) <u>arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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>6/2</u> , 19 <u>51</u> , to <u>11/17</u> , 19 <u>53</u> that I last saw the deceased alive on <u>11/13</u> , 19 <u>53</u> and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John J. Myers MD</u>				23b. ADDRESS <u>Lutetia Mo</u>		23c. DATE SIGNED <u>11/16/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov-15-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bess Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bollinger Co. MO</u>	
DATE REC'D BY LOCAL REG. <u>11-17-53</u>		REGISTRAR'S SIGNATURE <u>Willie Van Amburgh</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Jane Ward</u>		ADDRESS <u>Lutetia Mo</u>	

(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 .....  
Student Embalmer

Signed

*C. J. Long*

Licensed Embalmer No. 3870

P. O. Address

*Cape Girardeau, Mo.*

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.