

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **43970**FILED **DEC 24 1953**

BIRTH NO. _____		REG. DIST. NO. 296	PRIMARY REG. DIST. NO. 6018	Registrar's No. 28
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY Ray		a. STATE Missouri	b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give town(ship) OR TOWN Rural-Fishing River)		c. CITY OR TOWN Vibbard	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) ?		e. STREET ADDRESS (If rural, give location) No street addresses given		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 miles east Vibbard, Mo.				
3. NAME OF DECEASED			4. DATE OF DEATH	
a. (First) Albert	b. (Middle) Patton	c. (Last) Patton	(Month) Dec.	(Day) ?
(Type or Print)			(Year) 1953	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Feb. 13, 1876	9. AGE (In years last birthday) 77
			IF UNDER 1 YEAR 10 Days	IF UNDER 24 HRS. ? Hours ? Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri
				12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John W. Patton		13b. MOTHER'S MAIDEN NAME Mandy Lee		14. NAME OF HUSBAND OR WIFE Lillie Patton
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 500-28-1760		17. INFORMANT'S SIGNATURE OR NAME Cecil Patton, K.C. Mo.
18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
				4201
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
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 _____ m., from the causes and on the date stated above:				
23a. SIGNATURE Dr. G. T. Baber		23b. ADDRESS Coroner, Richmond Mo		23c. DATE SIGNED 12-14-53
(Degree or title)				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-15-1953		24c. NAME OF CEMETERY OR CREMATORY New Garden Cemetery
				24d. LOCATION (City, town, or county) Ray County, Mo. (State)
DATE REC'D BY LOCAL REG. 12-28-53		REGISTRAR'S SIGNATURE Helen J. Larkin		25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Carter
				ADDRESS Richmond, Mo.

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..... *Thomas J. Carter*

Licensed Embalmer No..... *4474*

P. O. Address..... *Richmond,*

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.