

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

854

State File No.

FILED FEB 8 1954		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 4194		Registrar's No. 21	
1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gentry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Albany		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Albany		d. STREET ADDRESS (If rural, give location) 03800	
d. FULL NAME OF HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED (Type or Print) Eva		a. (First)		b. (Middle) Patton		c. (Last)	
4. DATE OF DEATH Jan. 31, 1954		(Month)		(Day)		(Year)	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 8, 1876	
9. AGE (In years last birthday) 77		10. IF UNDER 1 YEAR Months 10		11. IF UNDER 24 HRS. Hours 23		12. IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Gentry County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME James McFall		13b. MOTHER'S MAIDEN NAME Minerva Manning		14. NAME OF HUSBAND OR WIFE James R. Patton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James R. Patton, Albany, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pernicious Anemia INTERVAL BETWEEN ONSET AND DEATH 1 day 8 yrs. 3 yrs.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4201		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) m.		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 Jan. 25, 1954, to Jan. 30, 1954, that I last saw the deceased alive on Jan. 30, 1954, and that death occurred at 2:10 A.M. from the causes and on the date stated above.							
23a. SIGNATURE C. J. Pray, D.O.		(Degree or title)		23b. ADDRESS Albany, Mo.		23c. DATE SIGNED 2-2-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/2/54		24c. NAME OF CEMETERY OR CREMATORY Grandview		24d. LOCATION (City, town, or county) Albany, Mo.	
DATE REC'D BY LOCAL REG. Feb 2-1954		REGISTRAR'S SIGNATURE Maude Williams		4620		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Shiffert Bros Albany Mo.	

(Licensed Embalmer's Statement of Reverse Side)

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

JUL 16 1950

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Alfred Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.