

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 1 - 1955

State File No. **21213**
Registrator's No. **762**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrator's No. 762	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Doniphan 8/50			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 8 days		c. CITY OR TOWN Hiawatha		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital				e. STREET ADDRESS (If rural, give location) 510 Kickapoo			
3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) Paul c. (Last) Patton			4. DATE OF DEATH (Month) (Day) (Year) July 26, 1955				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH March 27, 1893	
9. AGE (In years last birthday) 62		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) owner		10b. KIND OF BUSINESS OR INDUSTRY Bldg. & Loan Co.		11. BIRTHPLACE (City and State or Foreign Country) Hiawatha, Kansas	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John W. Patton		13b. MOTHER'S MAIDEN NAME Elnora unknown		14. NAME OF HUSBAND OR WIFE Ernestine	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or date of service) yes W.W. #1		16. SOCIAL SECURITY NO. 509-01-2420		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ernestine Patton, 510 Kickapoo, Hiawatha, Kans.			
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, athermia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate INTERVAL BETWEEN ONSET AND DEATH 1 year ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 177X			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				19a. DATE OF OPERATION 7/21/55		19b. MAJOR FINDINGS OF OPERATION Carcinoma of prostate with metastases	
20. AUTOPSY? YES <input checked="" 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 12/7, 1954 , to 7/26, 1955 , that I last saw the deceased alive on 7/26, 1955 , and that death occurred at 2:50 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Herbert L. Warren M.D.				23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 7/27/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 7/27/1955		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Hiawatha, Kansas	
DATE REC'D BY LOCAL REG. July 29, 1955		REGISTRAR'S SIGNATURE Catherine M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 485 Heaton - Bowman St Joseph Mo. (Licensed Embalmer's Statement on Reverse Side)			

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

SEP 7 1955

AUG 16 1955

MAY 2 1960

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 *Richard D. Collins*.....

Licensed Embalmer No. *493*.....

P. O. Address *St. Joseph*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.