No. 300
10.48

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21969

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 52

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

1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Plains
c. LENGTH OF STAY (in this place): 15 Mins.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Christa Hogan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Howell
c. CITY OR TOWN: West Plains
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 044/0

3. NAME OF DECEASED (Type or Print)
a. (First): Lydia
b. (Middle): A.
c. (Last): Patton

4. DATE OF DEATH (Month) (Day) (Year): July 28, 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 10-28-1869
9. AGE (In years last birthday): 85 — If under 1 year: Months 9 Days 0 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Dallas County, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Henry Thomas
13b. MOTHER'S MAIDEN NAME: Rebecca Fischer
14. NAME OF HUSBAND OR WIFE: I. B. 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: Mrs. A. D. Rankin, Morley, Missouri

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) Shock, Vascular Collapse — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Fracture, Left hip & Ankle — 1 hour
DUE TO (c) Fall, 2nd Story window

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senile Dementia — Years

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
E9027 45
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ? Suicide or Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Rest Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): West Plains, Howell, Missouri
046

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-28-55 5:15 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Jumped or Fell from Second Story Window.

22. *I hereby certify that I attended the deceased from* 6-15, 1953, *to* 7-28, 1955, *that I last saw the deceased alive on* 7-28, 1955, *and that death occurred at* 6:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jack N. Wiles, MD
23b. ADDRESS: West Plains, Mo
23c. DATE SIGNED: 7-30-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-29-1955
24c. NAME OF CEMETERY OR CREMATORY: Koshkonong Cemetery
24d. LOCATION (City, town, or county) (State): Koshkonong Oregon Missouri

DATE REC'D BY LOCAL REG.: 8-9-55
REGISTRAR'S SIGNATURE: Beatrice Cook 379-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: [signature]

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 45...

P. O. Address.....

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