

FILED SEP 12 1955

STANDARD CERTIFICATE OF DEATH

25538  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 340

1. PLACE OF DEATH  
 a. COUNTY Cape Girardeau  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau  
 c. LENGTH OF STAY (in this place) 18 yrs.  
 d. FULL NAME OF HOSPITAL OR INSTITUTION R. 2, Box 45 Cape Gir.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY Cape Gir.  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau  
 d. STREET ADDRESS (If rural, give location) R. 2, Box 45 Cape Gir.

3. NAME OF DECEASED (Type or Print)  
 a. (First) Lat b. (Middle) \_\_\_\_\_ c. (Last) Patton

4. DATE OF DEATH (Month) (Day) (Year)  
Sept. 5, 1955

5. SEX Male

6. COLOR OR RACE Col.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 4, 1886

9. AGE (In years last birthday) 69 10. UNDER 1 YEAR (Months) 2 11. UNDER 1 M. (Hours) 1 12. UNDER 1 MIN. (Min.) \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) Arkansas

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unk.

13b. MOTHER'S MAIDEN NAME Unk.

14. NAME OF HUSBAND OR WIFE Canzada Patton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Canzada Patton, R.2, Cape Gir. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Myocardial failure  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Hypertension - arteriosclerosis  
 DUE TO (c) Chronic nephritis  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
1 week  
5 years  
5 years

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

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)  
4460X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10:00 AM June 3, 1955

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from June 1955, to Sept 5, 1955, that I last saw the deceased alive on Sept 3, 1955 and that death occurred at 8:25A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George W. England D.O.

23b. ADDRESS 46 N. Main Cape Girardeau

23c. DATE SIGNED Sept 7, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Sept. 7, 1955

24c. NAME OF CEMETERY OR CREMATORY Fairmont Cemetery

24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.

DATE REC'D BY LOCAL REG. 9-8-55

REGISTRAR'S SIGNATURE T. C. Summers

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. J. Sparks Cape Gir., Mo.

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

OCT 24 1954

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 Frank Sparks

Licensed Embalmer No. 3453

P. O. Address Cape Girardeau

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.

*W. H. C. B. F.*