

FILED OCT 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29190

BIRTH NO. REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 379

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Gir.			
b. CITY (If outside corporate limits, write RURAL and give township) OR Cape Girardeau city			c. LENGTH OF STAY (In this place) 60 yrs			c. CITY (If outside corporate limits, write RURAL and give township) OR Cape Girardeau	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 2 Cape Gir				d. STREET ADDRESS (If rural, give location) Route 2			
3. NAME OF DECEASED (Type or Print) a. (First) Canzada b. (Middle) Patton c. (Last) Patton				4. DATE OF DEATH (Month) (Day) (Year) Oct. 2, 1955			
5. SEX Female		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 8, 1885	
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) Jackson, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Eli Beal				13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lat Patton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Lewis, R. 2, Cape Girardeau, 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) Carcinoma of stomach ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 151X 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 ☐ 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Sept 23, 1955 , to 9/27, 1955 , that I last saw the deceased alive on 9/27, 1955 , and that death occurred at 4:30P m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Harold Ridings MD				23b. ADDRESS Cape Girardeau, Mo		23c. DATE SIGNED 10/3/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 5, 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. 10-4-55		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE J. L. Sparks		ADDRESS Cape Gir., Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed _____

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.