No. 300
10.48

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

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5792

State File No.

BIRTH NO. 67447-55 REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY: Perry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Perryville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Perry County Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: New Madrid
c. CITY OR TOWN: Portageville
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Route 3

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

4. DATE OF DEATH (Month) (Day) (Year): February 11, 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: September 26, 1955
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 4, Days 15 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Hayti, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Alfred Eugene Patton
13b. MOTHER'S MAIDEN NAME: Geneva Hoggard
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Alfred Eugene Patton, Portageville, 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) Crushed Skull — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Impact collision
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

SEAL CORONER of Perry County Mo.

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26

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway #61
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Perryville 079 Perry Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 11-1956 6 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: impact collision 2 car & Truck.

22. *I hereby certify that I attended the deceased from* Coroner of Perry County, Mo. *19*, *to* Coroner of Perry County, Mo., *that I last saw the deceased alive on* Coroner of Perry County, Mo., *and that death occurred at* 600 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O M Wiedeman, Coroner of Perry County, Mo.
23b. ADDRESS: Perryville, Mo
23c. DATE SIGNED: 2-13-1956

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb. 12, 1956
24c. NAME OF CEMETERY OR CREMATORY: Portageville Cemetery
24d. LOCATION (City, town, or county) (State): Portageville, Mo.

DATE REC'D BY LOCAL REG.: 2-13-56
REGISTRAR'S SIGNATURE: Jos J Zellner 250
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Albert Bey, Perryville, Mo.
(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 embal

by me, [redacted] ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Albert Bey.....

Licensed Embalmer No. 3.8.7

P. O. Address Perryville,

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