

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8534**

FILED APR 9 - 1956
BIRTH NO. 55699-55 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 111

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|---|-------------------------------|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY COLE | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COLE | | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) JEFFERSON CITY | | c. LENGTH OF STAY (in this place) 1 Day | c. CITY OR TOWN JEFFERSON CITY | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST, MARYS HOSPITAL | | | e. STREET ADDRESS (If rural, give location) 309 Montanna | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) MICHAEL b. (Middle) LEE c. (Last) PATTON | | | 4. DATE OF DEATH APRIL 3, 1956 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH Sept. 25, 1955 | | 9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months 6 Days 8 IF UNDER 24 HRS. Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Lawrence Patton | | 13b. MOTHER'S MAIDEN NAME Georgia June Hildebrand | | 14. NAME OF HUSBAND OR WIFE None | |
| 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 Lawrence Patton J. C. MO. ADDRESS | | |
| 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) Meningitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Influenza DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 483x | | | 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) (Min.) | | 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 4 Apr 1956 to 5 Apr 1956 , that I last saw the deceased alive on 5 Apr 1956 , and that death occurred at 12:30 P m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE R.P. Stephan, M.D. (Degree or title) | | 23b. ADDRESS Jefferson City, Mo. | | 23c. DATE SIGNED 7 April 56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 4/5/56 | 24c. NAME OF CEMETERY OR CREMATORY Resurrection | 24d. LOCATION (City, town, or county) (State) Jefferson City, Mo. | | |
| DATE REC'D BY LOCAL REG. 7 April 1956 | | REGISTRAR'S SIGNATURE R.P. Davis M.D. R.R. | | 25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Dulle ADDRESS J. C. MO. | |

(Licensed Embalmer's Statement on Reverse Side)

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

68-0

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 *James E. E. ...*

Licensed Embalmer No. *49*

P. O. Address *J. E. ...*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.