

FILED APR 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

96881

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 5987 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>			
b. CITY (If outside corporate limits, give TOWNSHIP, only) OR TOWN <u>Rural Union</u>				Inside Limits Yes ☐ No ☒		c. CITY OR TOWN <u>Rural Union</u> <u>0850</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Length of stay in lb <u>1</u>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Thomas</u> Last <u>Patton</u>				4. DATE OF DEATH Month <u>3</u> Day <u>20</u> Year <u>1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☒ DIVORCED ☐		8. DATE OF BIRTH <u>8/2/1872</u>	
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Framing--Retired</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Pulaski County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>							
13. FATHER'S NAME <u>John Patton</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>X</u>				16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT Address <u>Mr. Louie Patton, Dixon, Missouri</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>: Cardio-Renal decompensation - Uremic poison</u> Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) <u>arteriosclerosis - Senility</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>442X</u>							
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ <u>2</u>							
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____							
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____	
21. I attended the deceased from <u>Feb 1956</u> to <u>March 17 1957</u> and last saw her alive on <u>March 17 1957</u> Death occurred at <u>9:00 P. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>E. W. Milligan, D.O.</u>				22b. ADDRESS <u>Dixon, Mo.</u>		22c. DATE SIGNED <u>Mar. 22</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3/23/1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Pisgah Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Pulaski County, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Fred H. Gilbert, Dixon, Missouri</u>				25. DATE RECD. BY LOCAL REG. <u>3-23-1957</u>		26. REGISTRAR'S SIGNATURE <u>Eula Mae Anderson</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED 3-23-57
Pulaski County Health Officer
File Number 32
Date Filed 3-23-57

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..... *Maurice E. Scherbaum*

Licensed Embalmer No. *450*

P. O. Address *Dixon, Missouri*

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.