				AL IN UP MISSUURI		14003
alth, Iolfaro ,	FILED MAY	' 3 - 10E7	STANDARD CERTIF	ICATE OF DEATH	STATE F	TLE NUMBER
blic rvice A		Registration Dis	trict No. 217 Pr	imary Registration Distri	ct No. 5787	Registrar's No. 2.9
	1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before		
00 6	o. COUNTY	Mississippi		a. STATE Mi	Y Miss. admission)	
.56 J	b. CITY (If outs	ide corporate limits, give T	OWNSHIP only) Inside Limits	c. CITY OR		Inside Limits
~ L	TOWN E	ast Prairie	Yes XX No D	TOWN Eas	t Prairie	1 6 1 Could Note
- 1	HOSPITAL O	D	elocation) Length of stay in 1b	II d. STREET	(If outside, give	location) CReside on Farm
F	INSTITUTIO	En route to he	ospital 30 min.	ADDRESS R	. 1, Box 640	YesXX No 🗆
3	NAME OF DECEASED	Firet	Middle	Last	4. DATE MO	onth Day Year
L	(Type or print)	Dorothy	Мае	Patton	<del></del>	oril 5, 1957
L_	i. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED			FUNDER I YEAR IF UNDER 24 HRS.  Fonths Days Hours Min.
	emale -	Col. ON (Give kind of work done 10	WIDOWED DIVORCED UK. KIND OF BUSINESS OR INDUSTRY	Jan. 2, 1957		3 3 2 2. CITIZEN OF WHAT COUNTRY?
- [	during most of w	orking life, even if retired)	0. KIND OF BUSINESS ON INDUSTRI			
1	3. FATHER'S NAME			East Prairie		<u>USA</u>
	G	us Patton		Willia	Mae Jones	
	5. WAS DECEASED EV	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Address	Mo.
Į'	Yes, no, or unknown)	(If yes, give war or dates of service		Mrs. Willie M	ae Patton, R.1	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]					
	PART 1, DE.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Lobar 1	Pneumonia .		ONSET AND DEATH
= 1						
;	Conditions which gave		· · · · · · · · · · · · · · · · · · ·			
	above cau	se (a), } under-	· · · · · · · · ·			•••
2	_ ivina cau.	se last. J but 10 (c)	TRIBUTING TO DEATH BUT NOT RELATE	N TO YUT YERWINAI DICEASE CO	DUDITION CIVEN IN BART I/a)	19. WAS AUTOPSY 🔟
NOTE	FART 11. 07	;	, , ,	D TO THE TERMINAL DISEASE OF	MAN	PERFORMED?
		<del></del>	D. DESCRIBE HOW INJURY OCCURE	ED. (Enter nature of inju	ru in Part I or Part 11 of iten	NO TES NO TES
CEPTIC						
		our Month, Day, Year				
MEDIČA	injury' a	. m			•	•
ڐٳ	- 1 200. 11120117 0000	1 t	OF INJURY (e.g., in or about home, actory, street, office bldg., etc.)	20f. CITY, TOWN, OR LO	CATION COL	INTY STATE
A	WHILE AT D	NOT WHILE D Jarm. Jo	ictory, street, opice ordy., etc.)			
,	21. I attended	the deceased from _AD	ril 5,1957 A	pril 5,1957	and last saw her alive	on April 3,157
	Death occurred at 2:30 Fe m on the date stated above; and to the best of my knowledge, from the causes stated.					
* . 1	22a. SIGNATURE	S- Call "	Degree of title)	2 226. ADDRESS	1	22c, DATE SIGNED
Ļ	Soil	Carl & Por	all soil.	taso	ranie	7-13-5/
2	23a. Burial. CREMATION. REMOVAL (Sheriy) BUTIAL ADRIL 6.1957 Car Grove Comptany Charleston Wo					
ļ.,	4 FUNERAL DIRECTO		Oak Grove Cem	etery ATE RECD. BY LOCAL REG.	Charleston, Mc	
کا ہ	m. 7 4		eleston, Mo.	- 14 5 7	Amely	B Harth mi
۲	igu. i ji	<del>_/</del>	Licensed Embalmer's States	nent on Reverse Side	1000	70.742006720

RECEIVED Miss. Co. Health County File No.\_ Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba ...., Student Embalmer No.....

working under my personal supervision...

This body was not embalmed.

Licensed Embalmer No. 5022

2501 Poplar St P. O. Address Cairo Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa

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.