

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

26445

STATE FILE NUMBER 4116

FILED JUL 26 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		a. STATE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		b. COUNTY	
Length of stay in hospital		c. CITY OR TOWN	
BARNES HOSPITAL		Illinois Madison	
		d. STREET ADDRESS	
		Wood River 8120 g	
		(If outside, give location)	
		32 811 Halloran	
		Reside on Farm	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Middle Last			Month Day Year		
HERBERT EDWARD PATON			APRIL 27, 1957		
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR
Male	White	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	Feb. 19, 1888	69	IF UNDER 24 HRS.
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 country)	12. CITIZEN OF WHAT COUNTRY?	
Banker			Hastings Ontario, Canada		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Alexander			Ella Waite		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address		
No. Nil.		337-18-1105	Herbert G. Paton, 7161 Valbrook Lane		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a)		
DUE TO (b)		aprox 18 hr
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

Dr. James M. Keeley
additions, if any, which give rise to above cause (a), stating the underlying cause last.
 (a) *aneurysm of abdominal aorta, ruptured 451X*
 (b) *arteriosclerosis generalized*

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY			20d. INJURY OCCURRED		
Hour Month, Day, Year			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
a. m. p. m.			20f. CITY, TOWN, OR LOCATION COUNTY STATE		

21. I attended the deceased from APRIL 27, 1957 to APR. 27, 1957 and last saw her alive on APR. 27, 1957
 Death occurred at 10:10 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *Eugene M. Bricker* M. D. 22b. ADDRESS BARNES HOSPITAL 22c. DATE SIGNED 4-29-57

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Removal	4-27-57	Valhalla	Alton; Illinois;
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Albert H. Hoppe 4700 Washington,		APR 30 '57	<i>Carl Smith</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert M. Murray*
.....

Licensed Embalmer No. *3749*

P. O. Address *St. Louis*

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

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