

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

305339

FILED SEP 13 1957

STATE FILE NUMBER

Registration District No. **333** Primary Registration District No. **3074** Registrar's No. **156**

1. PLACE OF DEATH a. COUNTY Scott b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Community		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott c. CITY OR TOWN Sikeston d. STREET ADDRESS General Delivery	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in lb 51 years		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Isaac Middle Allen Last Patton			4. DATE OF DEATH Month 8 Day 22 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-8-1870	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 10 Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY —		
11. BIRTHPLACE (City and state or country) Saline County, Illinois			12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME George Patton			14. MOTHER'S MAIDEN NAME Irene Poole		
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. —		
17. INFORMANT Son, Harley Patton			Address Sikeston, Missouri		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DISSECTING ANEURISM OF ABD. AORTA DUE TO (b) GENERAL ART. SCLEROSIS DUE TO (c) C.S. AND. HYPERT. CARDIO-VASC. Dis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 451X		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

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 Hour, Month, Day, Year a. m. p. m. —			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —			20f. CITY, TOWN, OR LOCATION —		
21. I attended the deceased from Death occurred at 8:30 on the date stated above; and to the best of my knowledge, from the causes stated. 8.12.57 to 8.22.57 and last saw her alive on 8.22.57			22a. SIGNATURE Carl G. Poppe M.D.		
22b. ADDRESS —			22c. DATE SIGNED 8.24.57		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8-24-57		23c. NAME OF CEMETERY OR CREMATORY GARDEN OF MEMORIES	
23d. LOCATION (City, town, or county) Sikeston		23e. (State) MO		23f. FUNERAL DIRECTOR Welsh Funeral Home-Sikeston Mo.	
23g. ADDRESS —		23h. DATE RECD. BY LOCAL REG. 9-9-57		23i. REGISTRAR'S SIGNATURE Mrs. Ella Hunter	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DATE RECEIVED SFP 9 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 957-196

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Raymond Crews*

Licensed Embalmer No. 31

P. O. Address *Liketon*

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.