

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **47092**

FILED DEC 31 1957

BIRTH NO. _____ REG. DIST. NO. **380** PRIMARY REG. DIST. NO. **6228** Registrar's No. **244**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before distribution). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stotesbury-Henry Twp.		c. CITY OR TOWN Hume	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION AT HOME		e. STREET ADDRESS (If rural, give location) 1 mile east	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Albert c. (Last) Patman	4. DATE OF DEATH (Month) (Day) (Year) December 13 1957
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 14 1902	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) civil engineer	10b. KIND OF BUSINESS OR INDUSTRY coal strip mining	11. BIRTHPLACE (City and State or Foreign Country) Clarendon Texas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Thomas Patman	13b. MOTHER'S MAIDEN NAME Allie Graves	14. NAME OF HUSBAND OR WIFE Lorraine Patman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 486 09 9166	17. INFORMANT'S SIGNATURE OR NAME <i>James Patman</i> Hume Missouri
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) II. ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____		MEDICAL CERTIFICATION <i>January 1st 1958</i>	INTERVAL BETWEEN ONSET AND DEATH
18. CAUSE OF DEATH	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 4201
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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?
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22. I hereby certify that I attended the deceased from **Dec 13, 1957**, to **Dec 13, 1957**, that I last saw the deceased **alive on Dec 13, 1957**, and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>David J. ...</i>	(Degree or title) M.D.	23b. ADDRESS <i>Paul Hill Mo</i>	23c. DATE SIGNED Dec 13 1957
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE Dec 15 1957	24c. NAME OF CEMETERY OR CREMATORY C. Donley Cemetery	24d. LOCATION (City, town, or county) (State) Clarendon-Donley - Texas
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DATE REC'D BY LOCAL REG. 12-26-1957	REGISTRAR'S SIGNATURE <i>Anna J. ...</i>	PREPARED BY <i>Earl J. ...</i>	PRINTED NAME OF FUNERAL HOME PLEASANTON KANSAS
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(Licensed Embalmers' Statement on Reverse Side)

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

45

JUN 12 1958

JAN 14 1958

JUN 23 1958

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, ~~XXX~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Earl W. Fowler*

Licensed Embalmer No..... 3587

P. O. Address Pleasanton Kan

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.