

Health,
& Welfare
Public
Service

MO-1716897
SL 2600

FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012138

STATE FILE NUMBER

318

1003

2480

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY WASHINGTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND ST. LOUIS, MO.		c. CITY OR TOWN RICHWOODS	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL		d. STREET ADDRESS (If outside, give location) NONE	
Length of stay in lb 90 Days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOHN Middle PATTON Last			4. DATE OF DEATH Month 2/ Day 27/ Year 58
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-18-94
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	11. BIRTHPLACE (City and state or country) RICHWOODS, MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME THOMAS J. PATTON	
13b. MOTHER'S MAIDEN NAME SARAH J. HULL		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT VAH RECORDS 915 N. GRAND ST. LOUIS, MO.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RIGHT MIDDLE CEREBRAL ARTERY THROMBOSIS			INTERVAL BETWEEN ONSET AND DEATH 4 Days
DUE TO (b) CEREBRAL ARTERIOSCLEROSIS			4 Years
DUE TO (c) DIABETES MELLITUS			8 Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) BRONCHOPNEUMONIA			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 a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 VA		COUNTY STATE	
21. Attended the deceased from 11-29-57 , to 2-27-58 and last saw him alive on 2/27/58 Death occurred at 1:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE William D. Sawyer (Name or title) M.D.		22b. ADDRESS VAH ST. LOUIS, MO.	
22c. DATE SIGNED 2/27/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3/1/1958	
23c. NAME OF CEMETERY OR CREMATORY HORINE		23d. LOCATION (City, town, or county) (State) RICHWOODS MO	
24. FUNERAL DIRECTOR MAHN FUNERAL HOME, DE SOTO, MO		25. DATE RECD. BY LOCAL REG. MAR 1 '58	
26. REGISTRAR'S SIGNATURE Paul Smith MD m 8/3			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Daniel J. Mahan*

Licensed Embalmer No. *4320*

P. O. Address *Aliso Viejo*

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.