

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021299
STATE FILE NUMBER

FILED JUN 19 1958 Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dayless	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cameron		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN McFall 03700 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Cameron Community INSTITUTION Hosp.		Length of stay in lb 4 Days	d. STREET ADDRESS (If outside, give location) -- Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Harvey Lilburn Patton First Middle Last			4. DATE OF DEATH June 9, 1958 Month Day Year
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 8, 1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Land-Owner	11. BIRTHPLACE (City and state or country) McFall, Mo.
13a. FATHER'S NAME Joseph H. Patton		13b. MOTHER'S MAIDEN NAME Maude L. Young	14. NAME OF HUSBAND OR WIFE Beryl Patton
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-42-3940	17. INFORMANT Address Mrs. Beryl Patton, McFall, 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) Rheumatic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Rheumatic Fever DUE TO (c) 416X			INTERVAL BETWEEN ONSET AND DEATH 5 yrs 5 yrs
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 <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 COUNTY STATE	
21. I attended the deceased from 1-31-58 to 6-9-58 and last saw her alive on 6-8-58 Death occurred at 8:50 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) G. J. Wetherston MD		22b. ADDRESS Cameron Mo	22c. DATE SIGNED 6-10-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 11, 1958	23c. NAME OF CEMETERY OR CREMATORY McFall Cemetery	23d. LOCATION (City, town, or county) (State) McFall, Mo.
24. FUNERAL DIRECTOR Louis Quest ADDRESS Pattonburg, Mo.		25. DATE RECD. BY LOCAL REG. 6-13-58	26. REGISTRAR'S SIGNATURE Francis D Crawford

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

8961 - 8 Mr

AUG 28 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, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Louis Quest*

Licensed Embalmer No. *4096*
P. O. Address *Hattiesburg*

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.