

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022837

STATE FILE NUMBER

FILED JUL 10 1958 Registration District No. 276 Primary Registration District No. 2946 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maramac		c. CITY OR TOWN Rural-Cold Spring	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8 Miles East St James		d. STREET ADDRESS (If outside, give location) 0810 3 Mi. W. of Vida	
3. NAME OF DECEASED (Type or print) First Middle Last FRANK JOHN PATTON		4. DATE OF DEATH Month Day Year 24 June 1958	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐	8. DATE OF BIRTH 29 Feb. 1920
9. AGE (In years last birthday) 38		10. FUNDING YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	
11. BIRTHPLACE (City and state or country) Pulaski County 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Patton		13b. MOTHER'S MAIDEN NAME Myrtle Light	
14. NAME OF HUSBAND OR WIFE Maudie Patton		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No xx	
16. SOCIAL SECURITY NO. 489-16-2938		17. INFORMANT Address Mrs. Maudie Patton, Vida, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute cardiac dilatation</u> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>chr myocardial disease</u>			INTERVAL BETWEEN ONSET AND DEATH 30 min
20a. ACCIDENT SUICIDE HOMICIDE ☐ ☐ ☐		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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at <u>at intervals past 10 yrs</u> and last saw him alive on <u>6 mo ago</u> 7:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) E.E. Feind m. d. 0	
22a. ADDRESS Rolla mo		22c. DATE SIGNED 6-30-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 26 June 1958	
23c. NAME OF CEMETERY OR CREMATORY Mount Zion Cemetery		23d. LOCATION (City, town, or county) (State) Near, Vida, Missouri	
24. FUNERAL DIRECTOR ADDRESS Null & Sons Funeral Home Rolla		25. DATE RECD. BY LOCAL REG. July 1 1958	
26. REGISTRAR'S SIGNATURE Ruth B. Powell			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

RECEIVED

Phelps County Health Officer,

County File Number 1089

Date Filed 7/9/58

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 S. L. Munn

Licensed Embalmer No. 3397

P. O. Address Rolla, Mo

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.