

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028308
STATE FILE NUMBER

S. 300
1-57
0

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

AUG 18 1958		Registration District No. 42		Primary Registration District No. 1000		Registrar's No. 870	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN King City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist		Length of stay in 1b 18 Days		d. STREET ADDRESS		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Charles Cooper Patton				4. DATE OF DEATH Month Day Year August 10, 58			
5. SEX Male 6	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 May 29, 1881		9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. 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 Retr.		11. BIRTHPLACE (City and state or country) Gentry Co, Mo., 0		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John R. Patton		13b. MOTHER'S MAIDEN NAME Katherine Patton Gentry		14. NAME OF HUSBAND OR WIFE Hattie Patton			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Hattie Patton Address King City, 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) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Thrombosis						INTERVAL BETWEEN ONSET AND DEATH 11 days Unknown	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 7-30-58, to 8-10-58 and last saw him alive on 8-10-58 Death occurred at 1:40 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Allen L. Lerman MD (Degree or title)				22b. ADDRESS 706 Francis St. Joseph, Mo.		22c. DATE SIGNED 8-11-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 12, 58		23c. NAME OF CEMETERY OR CREMATORY King City		23d. LOCATION (City, town, or county) (State) King City Missouri	
24. FUNERAL DIRECTOR Roland D. Clark		ADDRESS King City		25. DATE RECD. BY LOCAL REG. Aug 12, 1958		26. REGISTRAR'S SIGNATURE R. Clark Goodell	

(Licensed Embalmer's Statement on Reverse Side)

SEP 2 1958

VS OCT 2 1959

VS AUG 24 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 Roland W. Black

- Licensed Embalmer No. 4477

P. O. Address King City

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.