

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034581

STATE FILE NUMBER

FILED OCT 3 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9255

S. 300
1-57

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Missouri</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Vida, Missouri</u>	
c. FULL NAME OF (If NOT in hospital, give <u>Hoops</u>) HOSPITAL OR INSTITUTION <u>St. Louis Children's</u>				Length of stay in lb <u>7 Days</u>		d. STREET ADDRESS (If outside, give location) <u>31</u>	
3. NAME OF DECEASED (Type or print) First <u>Baby Boy</u> Middle <u>Patton</u> Last <u>Patton</u>				4. DATE OF DEATH Month <u>9</u> Day <u>24</u> Year <u>58</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>9-16-58</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>9</u> Days <u>9</u> Hours <u>9</u> Min. <u>9</u>	
11a. FATHER'S NAME <u>JOHN FRANKLIN PATTON</u>				11b. MOTHER'S MAIDEN NAME <u>Maud Harris</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Alice Trumbidge, 500 S. Kings Highway</u>	
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>Prematurity (900 grams)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <u>774x</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pulmonary congestion (slight)</u>							
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.) <u>774x</u>			
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 COUNTY _____ STATE _____			
21. I attended the deceased from <u>9-17-58</u> to <u>9-24-58</u> and last saw him alive on <u>9-24-58</u> Death occurred at <u>3:00</u> AM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Barbara Jones, M.D.</u> (Degree or title)				22b. ADDRESS <u>500 S. Kings Highway</u>		22c. DATE SIGNED <u>9/25/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>25 Sept-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mount Zion Cemetery</u>		23d. LOCATION (City, town, or county) <u>Near: Vida, Missouri</u>	
24. FUNERAL DIRECTOR <u>Null & Sons Funeral Home, Rolla</u> by <u>S. L. Null</u>				25. DATE RECD. BY LOCAL REG. <u>SEP 26 58</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u> <u>m & B</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 S. L. Miller

Licensed Embalmer No. 3394

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.