

FILED JAN 23 1959

XC-1566004

REG.#17790

THE DIVISION OF HEALTH OF MISSOURI
STANDARD-CERTIFICATE OF DEATH

59-000410

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		c. CITY OR TOWN PARAGOULD	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS HOSPITAL		d. STREET ADDRESS (If outside, give location) 427 E. EMERSON STREET	
3. NAME OF DECEASED (Type or print) First Middle Last ADRIN (NONE) PATTON		4. DATE OF DEATH Month Day Year JANUARY 7, 1959	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 4-4-95
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	
11a. FATHER'S NAME JOHN WESLEY PATTON		11b. MOTHER'S MAIDEN NAME EDNA HOSKINS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT VA HOSPITAL RECORDS, POPLAR BLUFF, MO.		18. NAME OF HUSBAND OR WIFE IDA PATTON	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY INFARCT, ACUTE, LEFT.		INTERVAL BETWEEN ONSET AND DEATH 1 DAY	
DUE TO (b) BRONCHOPNEUMONIA, BILATERAL, CHRONIC.		3 WEEKS	
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PERICARDITIS, CHRONIC		19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐	
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. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION PARAGOULD		COUNTY STATE	
21. Attended the deceased from Dec. 27, 1958 to Jan. 7, 1959 Death occurred at 6:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. LESTER HARWELL, M.D., Actg. Pathologist		22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.	
22c. DATE SIGNED 1/7/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 1-9-59	
23c. NAME OF CEMETERY OR CREMATORY Pine Knot		23d. LOCATION (City, town, or county) (State) Paragould, Arkansas	
25. DATE RECD. BY LOCAL REG. 1/17/59		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

Randall L. Matheke

Licensed Embalmer No.

3736

P. O. Address

Peragon

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.