

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001784  
STATE FILE NUMBER

FILED JAN 21 1959 Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City		c. CITY OR TOWN Stotts City	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Jane Chinn Hospital		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Lee Roy Patton		4. DATE OF DEATH Month Day Year 1 - 12 - 1959	
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 1 - 21 - 1889
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	11. BIRTHPLACE (City and state or country) Lawrence County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Black Patton	
14. NAME OF HUSBAND OR WIFE Grace 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.		17. INFORMANT Grace Patton Address Stotts 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) <u>Acute Circulatory Failure</u>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Stasis Pneumonia</u> DUE TO (c) <u>Recumbency following fracture left femur</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 1 minute  1 day  9 days
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" 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.) Fell in home.		20c. TIME OF INJURY Hour Month, Day, Year 9:30 a.m. 1-3-59	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
20f. CITY, TOWN, OR LOCATION Stotts City, Lawrence Missouri		21. I attended the deceased from 1-3-59 to 1-12-59 and last saw him alive on 1-12-59 Death occurred at 9 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>D. F. Gregory</i> (Degree or title)		22b. ADDRESS Webb City, Missouri	
22c. DATE SIGNED 1-16-59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 1 - 17 - 59		23c. NAME OF CEMETERY OR CREMATORY Misemer Cemetery	
23d. LOCATION (City, town, or county) (State) Lawrence Co. Mo.		24. FUNERAL DIRECTOR H.J. Fossett ADDRESS Mt. Vernon, Mo.	
25. DATE RECD. BY LOCAL REG. 1-16-59		26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Sauter</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

C.F. Gregory, M.D. All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in Part I. NO symptoms with no signs.

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 me....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed W. W. Lovett.....

Licensed Embalmer No. 2201.....

P. O. Address Not Given

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.