

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017490
STATE FILE NUMBER

FILED JUN 1 1959 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 135

1. PLACE OF DEATH a. COUNTY <u>Henty</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>BENTON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton, Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>CLIMAX SPRINGS</u> 008
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel Hosp</u>		Length of stay in lb <u>hours</u>	d. STREET ADDRESS (If outside, give location) <u>_____</u>
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>MARTY</u> Middle <u>Allen</u> Last <u>PATTON</u>			4. DATE OF DEATH Month <u>May</u> Day <u>24</u> Year <u>1959</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 24, 1959</u>	9. AGE (In years last birthday) <u>18</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>8</u>	IF UNDER 24 Hrs Hours <u>1</u> Min <u>8</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Boiler</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>_____</u>	11. BIRTHPLACE (City and state or country) <u>Clinton, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jesse Patrick Patton</u>	13b. MOTHER'S MAIDEN NAME <u>Bernice Maxine Barnes</u>	14. NAME OF HUSBAND OR WIFE <u>_____</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Jesse Patrick Patton</u> Address <u>Climax Springs</u>
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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>strangulation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>X</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>lungs filled with amniotic fluid</u>	<u>X</u>
	DUE TO (c) <u>unassociated breech delivery in ambulance.</u>	<u>X</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>7610</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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>7610</u>
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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.) <u>_____</u>	20f. CITY, TOWN, OR LOCATION <u>_____</u>	COUNTY <u>_____</u>	STATE <u>_____</u>
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21. I attended the deceased from _____ to <u>1 hour.</u> and last saw him alive on <u>5/24/59</u> Death occurred at <u>11:08 p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>R. J. Powell D.O.</u>	22b. ADDRESS <u>Clinton, Mo.</u>	22c. DATE SIGNED <u>May 26, 1959</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 26, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Climax Springs</u>	23d. LOCATION (City, town, or county) (State) <u>Climax Springs Benton Co, Mo</u>
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24. FUNERAL DIRECTOR <u>John F Reser</u>	ADDRESS <u>Warsaw</u>	25. DATE RECD BY LOCAL REG. <u>5-28-59</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>
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(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.

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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 *John F. Reser*

Licensed Embalmer No. *4098*

P. O. Address... *Warsaw*

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.