

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017899

STATE FILE NUMBER 2108

FILED JUN 8 1959

Registration District No. 199

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY DAVISS	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN GALLATIN	
c. FULL NAME OF (If NOT in hospital, give location) VA HOSPITAL		d. STREET ADDRESS RR #4	
3. NAME OF DECEASED (Type or print) First CHARLES Middle HERBERT Last PATTON		4. DATE OF DEATH Month May Day 12 Year 1959	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-12-86
9. AGE (In years last birthday) 72		10. IF UNDER 1 YEAR: Months 6 Days 01 Hours 15 Min. 00	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) DAVISS COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN THOMAS PATTON		13b. MOTHER'S MAIDEN NAME MARY CREEKMORE	
14. NAME OF HUSBAND OR WIFE *****		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, YES unknown) (If yes, give year or dates of service) WW I	
16. SOCIAL SECURITY NO. —		17. INFORMANT Official Records VA Hospital, K.C., 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) Pulmonary congestion and edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute and chronic pyelonephritis DUE TO (c) Hydropyonephrosis, left marked PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 601X			INTERVAL BETWEEN ONSET AND DEATH
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.)	
20c. TIME OF INJURY Hour 7:10 Month 5 Day 13 Year 59 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		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 Gallatin, Mo.	
20g. COUNTY DAVISS		20h. STATE MO.	
21. I attended the deceased from April 16, 1959 to May 12, 1959 and last saw him/her on May 12, 1959 Death occurred at 7:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. A. Turner		22b. ADDRESS VA Hospital, Kansas City, Mo.	
22c. DATE SIGNED 5-13-59		22d. SIGNATURE Reva Minshall	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 5-13-59	
23c. NAME OF CEMETERY OR CREMATORY —		23d. LOCATION (City, town, or county) (State) Gallatin, Mo.	
24. FUNERAL DIRECTOR Sidman & Son, Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 5-14-59	
26. REGISTRAR'S SIGNATURE Reva Minshall		26. REGISTRAR'S SIGNATURE Reva Minshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Jack J. Mott*

Licensed Embalmer No. *4729*

P. O. Address *Kansas 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.