

FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 23 1959

59-039693

STATE FILE NUMBER

Registration District No. 129 Primary Registration District No. 2000 Registrar's No. 1228

EMDEAD

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield | | Length of stay in 1b 9 Years | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 710 South Crutcher | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. STREET ADDRESS 710 South Crutcher | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Howard Kelly Patton | | 4. DATE OF DEATH Month Day Year NOV 14 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 3/20/11 |
| 9. AGE (last birthday) 48 Yrs. | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Commercial Recreation | | 10b. KIND OF BUSINESS OR INDUSTRY Hall-Insurance | |
| 11. BIRTHPLACE (City and state or country) Jacksonville, Missouri | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Pleas L. Patton | | 13b. MOTHER'S MAIDEN NAME Ibenawhynn Lilly | |
| 14. NAME OF HUSBAND OR WIFE Mary Frances Patton | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | |
| 16. SOCIAL SECURITY NO. Unknown | | 17. INFORMANT Mary F. 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) Acute circulatory failure | | INTERVAL BETWEEN ONSET AND DEATH 7 1/2 Hours | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) coronary thrombosis with myocardial infarction. | | DUE TO (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis ? | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 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.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <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 Springfield, Missouri | |
| 20g. COUNTY Greene | | 20h. STATE Missouri | |
| 21. I attended the deceased from November 14, 1959 to November 14, 1959 and last saw him alive on Nov 14, 1959 Death occurred at 7:30 A. M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE R.W. Reid D.O. | | 22b. ADDRESS Springfield, Missouri | |
| 22c. DATE SIGNED 11/14/59 | | 23. LOCATION (City, town, or county) (State) Springfield, Missouri | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. NAME OF CEMETERY OR CREMATORY Greenlawn | |
| 23c. DATE 11/16/1959 | | 23d. LOCATION (City, town, or county) (State) Springfield, Missouri | |
| 24. FUNERAL DIRECTOR Ayre-Goodwin Springfield, Mo. | | 25. DATE RECD. BY LOCAL REG. 11-17-59 | |
| 26. REGISTRAR'S SIGNATURE Effie S. Melton | | 27. DATE 11-17-59 | |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS DEC 2 1959

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 _____



Licensed Embalmer No. 4594

P. O. Address Springfield, Ill.

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.