

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-042342

FILED VS DEC 11 1959

211234

STATE FILE NUMBER

ENDED

Registration District No.

Primary Registration District No.

Registrar's No.

DOCUMENT

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 4305 N. Market	
3. NAME OF DECEASED (Type or print) First Idell Middle Patton Last Patton		4. DATE OF DEATH Month 12 Day 2 Year 59	
5. SEX Female	6. COLOR OR RACE Negro	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 7/13/14
9. AGE (last birthday) 45		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY Restaurant	
11. BIRTHPLACE (City and state or country) Locust Bayou, La.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME John Murphy		13b. MOTHER'S MAIDEN NAME Nannie Patton	
14. NAME OF HUSBAND OR WIFE Lou Allen 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 Madie McDowell, 783 N. 40th, Baton Rouge, La.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Right Upper Lobar Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH Undet.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Uterine Myomata and Diabetes Mellitus		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☒ Unknown	
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 COUNTY STATE		
21. I attended the deceased from 11-2-59 to 12-2-59 and last saw her alive on 12-2-59 Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wm. Kinley M. Ely, M.D.		22b. ADDRESS 2601 N. Whittier St.	
22c. DATE SIGNED 12-3-59		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 12/4/59		23c. NAME OF CEMETERY OR CREMATORY Camden, Arkansas	
24. FUNERAL DIRECTOR Charles J. Gates, 4107 Finney Ave.		25. DATE RECD. BY LOCAL REG. DEC 4 1959	
26. REGISTRAR'S SIGNATURE Rosal Smith, M.D.		27. BY AFFIDAVIT OF	

(Licensed Embalmer's Statement on Reverse Side)

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. 4580

P. O. Address 4107 Finn

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.