

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH **FILED VS JUN 22 1960**

-60-024214

STATE FILE NUMBER

Registration District No. 306 Primary Registration District No. 6048 Registrar's No. 12

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>ST Charles</u>		a. STATE <u>MO</u> b. COUNTY <u>ST Charles</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>O'Fallon Mo</u>		c. CITY OR TOWN <u>Rural O'Fallon Mo</u>	
Length of stay in 1b <u>17 Yrs.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>AT Home</u>		d. STREET ADDRESS (If outside, give location) <u>R.F.D # 1 O'Fallon Mo</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>HARLAN</u>	Middle <u>JAMES</u>	Last <u>PATTON</u>	Month <u>June</u>	Day <u>12</u> Year <u>1960</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> <u>Single</u>	8. DATE OF BIRTH <u>4-14-43</u>	9. AGE (last birthday) <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Patton Brake Serv.</u>		11. BIRTHPLACE (City and state or country) <u>ST Charles Co U.S.A.</u>
13a. FATHER'S NAME <u>Richard Patton</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Emge</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>495-46-5143</u>		17. INFORMANT <u>Richard Patton O'Fallon Mo</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>DROWNING</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>CAR RUNING INTO BELLEAU CREEK</u>	
	DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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 <u>4.10</u> a.m. p.m.	Month, Day, Year <u>6-12-60</u>		
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.) <u>HIGHWAY 40</u>	20f. CITY, TOWN, OR LOCATION <u>NEAR O'FALLON</u>	COUNTY <u>ST. CHARLES</u> STATE <u>MO</u>
21. I attended the deceased from <u>I HELD INQUEST</u> to <u>6-15-60</u> last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>Meris Mushony</u> CORONER		22b. ADDRESS <u>WENTZVILLE?</u>		22c. DATE SIGNED <u>NO JUNE 15</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 15, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Assumption Cemetery</u>	23d. LOCATION (City, town, or county) <u>O'Fallon, Missouri</u>	(State)
24. FUNERAL DIRECTOR <u>Keithly Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>6/18/60</u>		26. REGISTRAR'S SIGNATURE <u>Ed. K. Keithly</u>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 28 1960

JUN 29 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David P. Bane

Licensed Embalmer No. 5060

P. O. Address W. H. Char

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.