

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

=60-030184

ED VS SEP 6 1960

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gentry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Albany</b>		Length of stay in 1b <b>10 hrs.</b>	c. CITY OR TOWN <b>Miller Township</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>south of Albany</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <b>PINKERTON</b>	Middle <b>HUGH</b>	Last <b>PATTON</b>	4. DATE OF DEATH Month <b>September</b> Day <b>3</b> Year <b>1960</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/19/82</b>	9. AGE (last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>agriculture</b>	11. BIRTHPLACE (City and state or country) <b>Gentry Co., Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>
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13a. FATHER'S NAME <b>John M. Patton</b>	13b. MOTHER'S MAIDEN NAME <b>Henrietta Pinkerton</b>	14. NAME OF HUSBAND OR WIFE <b>Eleanor G. Patton</b>
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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) <b>unknown</b>	16. SOCIAL SECURITY NO. <b>197 40 2837</b>	17. INFORMANT <b>Mrs. Pinkerton H. Patton</b>	Address <b>Albany, Mo.</b>
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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:		INTERVAL BETWEEN ONSET AND DEATH <b>60 hours</b>
IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arteriosclerosis with Hypertension</b>	
DUE TO (c) <b>✓</b>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>✓</b>	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 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.) <b>✓</b>
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20c. TIME OF INJURY Hour <b>3:30</b> Month, Day, Year <b>9/3/60</b>	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.) <b>✓</b>	20f. CITY, TOWN, OR LOCATION <b>Albany Mo</b>	COUNTY <b>Gentry</b>	STATE <b>Missouri</b>
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21. I attended the deceased from <b>8/31/60</b> to <b>9/3/60</b> and last saw him alive on <b>9/2/60</b> Death occurred at <b>3:30 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <b>E. M. Knowman M.D.</b>	22b. ADDRESS <b>Albany Mo</b>	22c. DATE SIGNED <b>9/3/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>Sept. 5, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Zion</b>	23d. LOCATION (City, town, or county) (State) <b>Gentry Co., Missouri</b>
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24. FUNERAL DIRECTOR <b>Brooks-Cochell Funeral Home, Albany, Mo.</b>	ADDRESS <b>9-3-60</b>	25. DATE RECD. BY LOCAL REG. <b>9-3-60</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. J. W. Bare</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 51 333

**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 me \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Donald E. Coche*

Licensed Embalmer No. 4868

P. O. Address Albany, Mo.

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