

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037770

FILED VS OCT 25 1960

Registration District No. #67 Primary Registration District No. 5258 Registrar's No. 22

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Christian</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rogersville, R#1</u>		Length of stay in lb		c. CITY OR TOWN <u>Rogersville R1</u>		Inside Limits Yes ☐ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u>			Inside Limits Yes ☐ No ☐		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☐ No ☐
3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>Franklin</u> Last <u>Patton</u>				4. DATE OF DEATH Month <u>August</u> Day <u>21</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH <u>Nov. 30, 1893</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Christian Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Sighe Patton</u>		13b. MOTHER'S MAIDEN NAME <u>Rolher</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Ruth Patton, Rogersville, Mo R#1</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebrovascular Disease</u> DUE TO (b) <u>Chronic Mitral Stenosis</u> - <u>1 year</u> DUE TO (c) <u>Infective Rheumatic Fever</u> - <u>1 year</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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. ☐ 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 <u>5:45 p.</u> Month, Day, Year <u>6/12/59</u>							
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 <u>6/12/59</u> to <u>8/10/60</u> and last saw him alive on <u>8/10/60</u> Death occurred at <u>5:45 p.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Donald P. W. Conrad, D.O.</u>				22b. ADDRESS <u>Agard Mo</u>		22c. DATE SIGNED <u>9/15/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Aug. 23, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Rolher Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Rogersville, Rural, Missouri</u>	
24. FUNERAL DIRECTOR <u>J. C. Ferrell, Rogersville, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 13 - 1960</u>		26. REGISTRAR'S SIGNATURE <u>Nannie Day.</u>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Don S. Ferrell

Licensed Embalmer No. 4847

P. O. Address Mansfield, Mo.

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.