

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-045642

27 1960
ENDED

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 276

STATE FILE NUMBER

| | | | | | | | |
|--|--|---|-----------------------------------|--|--|---|---------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <i>Franklin</i> | | | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Franklin</i> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Washington</i> | | Length of stay in 1b <i>1 yr.</i> | | c. CITY OR TOWN <i>Washington</i> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Francis Hosp.</i> | | | | d. STREET ADDRESS (If outside, give location) <i>Fifth & Charles</i> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <i>William</i> Middle <i>Patton</i> Last <i>Patton</i> | | | | 4. DATE OF DEATH Month <i>Dec.</i> Day <i>18</i> Year <i>1960</i> | | | |
| 5. SEX <i>Male</i> | 6. COLOR OR RACE <i>White</i> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <i>8/18/1893</i> | 9. AGE (last birthday) <i>67</i> | IF UNDER 1 YEAR Months <i>4</i> Days <i>0</i> | IF UNDER 24 HR Hours <i>0</i> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i> | | 11. BIRTHPLACE (City and state or country) <i>Lonedell, Mo.</i> | | 12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i> | |
| 13a. FATHER'S NAME <i>Alfred A. Patton</i> | | 13b. MOTHER'S MAIDEN NAME <i>Martha H. Duncan</i> | | 14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? <i>Yes</i> (If yes, give war or dates of service) <i>W.W. I</i> | | 16. SOCIAL SECURITY NO. <i>495-22-1619</i> | | 17. INFORMANT <i>Mrs. A. F. Middleton, Pacific, Mo.</i> Address | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebrovascular head</i> DUE TO (b) <i>Asame - pneumonia</i> DUE TO (c) <i>Asame - no medical attendance</i> 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 | | | | | | | |
| 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 | | COUNTY | | STATE | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>4:00 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <i>Dr. H. H. Witt</i> | | | | 22b. ADDRESS <i>Lawrence, Missouri</i> | | 22c. DATE SIGNED <i>12/20/60</i> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 23b. DATE <i>Dec 20, 1960</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Oak Grove Cemetery</i> | | 23d. LOCATION (City, town, or county) (State) <i>Lonedell, Missouri</i> | | | |
| 24. FUNERAL DIRECTOR <i>Wiegand & Witt, Inc., Washington, Mo.</i> Address <i>8. H. Witt</i> | | | | 25. DATE RECD. BY LOCAL REG. <i>12/20/60</i> | 26. REGISTRAR'S SIGNATURE <i>J. H. Hickman, J. H. Hickman</i> | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JAN 5 1961

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

Lester A. Witt

Licensed Embalmer No. *3254*

P. O. Address *Washington*

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.