

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 333Primary Registration District No. 4429Registrar's No. 36

STATE FILE NUMBER

51-043295

FILED NOV 27 1961

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Schuyler</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Queen City</u> | | c. CITY OR TOWN <u>Queen City</u> | |
| Length of stay in lb <u>2 yrs.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If outside, give location) | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>David</u> Middle <u>Earl</u> Last <u>Patton</u> | | 4. DATE OF DEATH Month <u>November</u> Day <u>18</u> Year <u>1961</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>June 1, 1884</u> |
| 9. AGE (last birthday) <u>76</u> | | IF UNDER 1 YEAR Months <u>5</u> Days <u>17</u> Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter & Paper Hanger</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Schuyler Co., Mo.</u> | |
| 11. BIRTHPLACE (City and state or country) <u>U.S.A.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Geo. W. Patton</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Rose</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Helen Patton - Queen City, Mo.</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. <u>486-20-2733</u> | | 17. INFORMANT <u>Helen Patton</u> Address <u>Queen City, Mo.</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>Medullary Fracture</u> DUE TO (b) <u>Mesenteric Thrombosis</u> DUE TO (c) <u>Atherosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u> <u>3 days</u> <u>10 yrs.</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cholecystitis</u> | | 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.) <u>-</u> | |
| 20c. TIME OF INJURY Hour <u>-</u> Month, Day, Year <u>-</u> | | 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.) <u>8723 130</u> | | 20f. CITY, TOWN, OR LOCATION <u>Queen City, Mo.</u> | |
| 20g. COUNTY <u>Mo.</u> | | 20h. STATE <u>Mo.</u> | |
| 21. I attended the deceased from <u>8/23/50</u> to <u>11/18/61</u> and last saw him alive on <u>11/18/61</u> Death occurred at <u>6:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Signature or title) <u>Edward M. Roberts M.D.</u> | |
| 22b. ADDRESS <u>Queen City, Mo.</u> | | 22c. DATE SIGNED <u>11/18/61</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Nov. 20, 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Coffey Cemetery</u> | 23d. LOCATION (city, town, or county) (State) <u>Downing, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Moore Funeral Home - Downing, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>Nov. 18, 1961</u> | 26. REGISTRAR'S SIGNATURE <u>Clarence Shepherd</u> | |

(Licensee Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

Permit obtained 11-18-61

DEC 8 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

Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis

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.