

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

28 -62-007310  
STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. \_\_\_\_\_

AMENDED

FILED FEB 26 1962

|   |   |   |  |   |   |  |       |
|---|---|---|--|---|---|--|-------|
| 1. PLACE OF DEATH   |   |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |   |  |       |
| a. COUNTY<br><b>Newton</b>  |   | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN<br><b>Neosho</b>  |  | a. STATE<br><b>Mo.</b>  |   | b. COUNTY<br><b>Newton</b>   |       |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION<br><b>Sale Memorial Hosp.</b>   |   | Length of stay in 1b<br><b>1 wk.</b>  |  | c. CITY OR TOWN<br><b>Neosho,</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |       |
| Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   | d. STREET ADDRESS<br><b>1012 Broadway St.</b>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |  |       |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>COLUMBUS LAFAYETTE PATTON</b>  |   |   |  | 4. DATE OF DEATH<br>Month Day Year<br><b>February 22, 1962</b>                        |   |  |       |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>10/10/1876</b>  | 9. AGE (last birthday)<br><b>85</b>   | IF UNDER 1 YEAR<br>Months Days  | IF UNDER 24 HR<br>Hours Min.   |       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Minister</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Ministry</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>McDonald Co., Mo.</b>                |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |       |
| 13a. FATHER'S NAME<br><b>Will Patton</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Allie Patton</b>                                    |   |  |       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>   |   | 16. SOCIAL SECURITY NO.<br><b>None</b>  |  | 17. INFORMANT<br><b>Paul Patton Neosho, Mo.</b>                                       |   |  |       |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>  |   |   |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>7 days</b>  |       |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |       |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m.<br>Month, Day, Year   |   |   |  |   |   |  |       |
| 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.)  |  | 20f. CITY, TOWN, OR LOCATION  |   | COUNTY   | STATE |
| 21. I attended the deceased from <b>2-14-62</b> , to <b>2-22-62</b> and last saw him alive on <b>2-21-62</b><br>Death occurred at <b>8:00 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |   |   |  |       |
| 22a. SIGNATURE<br><i>W. Blankenship M.D.</i>  |   | (Degree or title)   |  | 22b. ADDRESS<br><b>Neosho Mo.</b>   |   | 22c. DATE SIGNED<br><b>2-21-62</b>   |       |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |   | 23b. DATE<br><b>2/24/62</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>I.O.O.F. Cemetery</b>                               |   | 23d. LOCATION (City, town, or county) (State)<br><b>Neosho, Mo.</b>             |  |       |
| 24. FUNERAL DIRECTOR<br><b>Clark Funeral Home</b>   |   | ADDRESS<br><b>Neosho, Mo.</b>   |  | 25. DATE RECD. BY LOCAL REG.<br><b>2-21-62</b>  | 26. REGISTRAR'S SIGNATURE<br><i>Malvin C. Bowman M.D.</i><br><i>by D. Belka</i> |  |       |

DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 SHOULD READ  
 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 me,  
or by H. Wayne Severs, Student Embalmer No. 630

working under my personal supervision.

Student

H. Wayne Severs  
Signature of Student Embalmer

Signed

Fred L. Clark

Licensed Embalmer No. 5056

312 S. Wood St.  
P. O. Address Neosho, 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.