

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1003

9407-62-036573
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED OCT 11 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in 1b 56 Years		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital		d. STREET ADDRESS (If outside, give location) 5860 Sunshine Drive	
3. NAME OF DECEASED (Type or print) First Middle Last Helen Naomi (Holt) Patton		4. DATE OF DEATH Month Day Year September 29, 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 9/6/1890
9. AGE (last birthday) 72		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Receptionist (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Physicians Office	
11. BIRTHPLACE (City and state or country) Owensville, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME George B. Holt		13b. MOTHER'S MAIDEN NAME Rachel Bailey	
14. NAME OF HUSBAND OR WIFE Alfred Chester Patton		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	
16. SOCIAL SECURITY NO. 488-01-6617		17. INFORMANT Address Mrs Mildred E. Trotter 5860 Sunshine Drive	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ADENOCARCINOMA OF SIGMOID COLON DUE TO (b) WITH GENERALIZED METASTASES DUE TO (c) 153.3			INTERVAL BETWEEN ONSET AND DEATH 1-5-57 6-29-62
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) 10-5-62			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 a.m. p.m. Month, Day, Year	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 1-5-57 to 6-29-62 and last saw her alive on 6-29-62 Death occurred at 2 30 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dorothy Bailey MD		22b. ADDRESS 6356 Clayton Rd Owensville, Mo	
22c. DATE SIGNED 10-1-62		22d. LOCATION (City, town, or county) (State) Owensville, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Auto)	23b. DATE 10/1/62	23c. NAME OF CEMETERY OR CREMATORY New Salem Cemetery	
23d. FUNERAL DIRECTOR Alexander & Sons 6175 Delmar Blvd		23e. DATE RECD. BY LOCAL REG. OCT 1 1962	
23f. REGISTRAR'S SIGNATURE Boad Smith, M.D.			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

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Dr.Drennon Bailey

Mo.Theatra Bldg

Je.3-6643

2 to 6 P.M.

6316

Ma 7-3834

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 _____

Joseph E. McCullough

Licensed Embalmer No. 2460

P. O. Address 6173 Dillman

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.