

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043546

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 238 Primary Registration District No. 5823 Registrar's No. 49

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6 7-20

2 7-20

3

4 2

5 0

6

7 0

8 0

9 160

10 16

11 072

12 90-3

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED NOV 27 1962

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>New Madrid</u>		c. CITY OR TOWN <u>Howardville</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NO</u>		d. STREET ADDRESS (If outside, give location) <u>NO</u>	
3. NAME OF DECEASED (Type or print) First <u>A. C.</u> Middle <u>PATTON, JR</u> Last <u>NOV-22-1962</u>		4. DATE OF DEATH Month <u>NOV</u> Day <u>22</u> Year <u>1962</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>Caucasian</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>001-25-1955-7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Lilburn, Mo. D.S.A.</u>
13a. FATHER'S NAME <u>A.O. PATTON</u>		13b. MOTHER'S MAIDEN NAME <u>BETTIE FOSTER</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>NO</u>	
17. INFORMANT <u>Bettie Patton</u>		14. NAME OF HUSBAND OR WIFE <u>NO</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>Burned to death in home</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home of New Madrid</u>		20f. CITY, TOWN, OR LOCATION <u>New Madrid</u> COUNTY <u>Mo</u> STATE <u>Mo</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Dr. Hedges</u> (Degree or title) <u>Coroner</u>		22b. ADDRESS <u>New Madrid</u>	
22c. DATE SIGNED <u>11/23/62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>11/23/62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Santhill</u>	
23d. LOCATION (City, town, or county) <u>New Madrid</u>		23e. STATE <u>Mo</u>	
24. FUNERAL DIRECTOR <u>Richards Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>11-23-62</u>	
26. REGISTRAR'S SIGNATURE <u>Jay Hedges</u>			

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. *Not Embalmed*

Student _____
Signature of Student Embalmer

Signed *Ed Hecyuth* _____

Licensed Embalmer No. *3803* _____

P. O. Address *New Madrid, 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.

Permit obtained 11-22-62