

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043548

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration Number

FILED NOV 27 1962

Primary Registration District No.

5823

Registrar's No.

50

VS 300  
Rev. 4/59

6720

2720

3

4 3

5 0

6

7 0

8 0

9 9160

10 16

11 072

12 903

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>New Madrid</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>mo</i> b. COUNTY <i>New Madrid</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>New Madrid</i>		c. CITY OR TOWN <i>Harvardville</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>No</i>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <i>ELIZABETH</i> Middle <i>PATTON</i> Last		4. DATE OF DEATH Month <i>Nov</i> Day <i>22</i> Year <i>1962</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Caucasian</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>Oct-22-1957</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Child</i>		11. BIRTHPLACE (City and state or country) <i>Li'l BOURN, Mo. U.S.A.</i>	
13a. FATHER'S NAME <i>A.C. PATTON</i>		13b. MOTHER'S MAIDEN NAME <i>BETTIE FOSTER</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>	
17. INFORMANT <i>Bettie Patton</i>		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>Burned to death in home</i> 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	
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.) <i>4 miles S of New Madrid</i>		20f. CITY, TOWN, OR LOCATION <i>New Madrid</i> COUNTY <i>mo</i> STATE <i>mo</i>	
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 <i>L.S. Hedgepeth</i> (Degree or title) <i>Coroner</i>		22b. ADDRESS <i>New Madrid, Mo</i>	
22c. DATE SIGNED <i>11/23/62</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
23b. DATE <i>11/23/62</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Sandhill</i>	
23d. LOCATION (City, town, or county) <i>New Madrid, Mo</i>		23e. (State)	
24. FUNERAL DIRECTOR <i>Richards Funeral Home</i>		25. DATE RECD. BY LOCAL REG. <i>11-23-62</i>	
26. REGISTRAR'S SIGNATURE <i>L.S. Hedgepeth</i>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**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 *[Signature]* \_\_\_\_\_

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*