

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011239

STATE FILE NUMBER

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 464C

DO NOT WRITE
ON THIS STUB

AMENDED

FILED APR 8 1963

1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Springfield

Length of stay in lb

43 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

820 N. Benton
Folkner Rest Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Greene

c. CITY

OR TOWN

Springfield

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

820 N. Benton

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

ALFRED

Middle

PATTON

Last

JAMES

4. DATE OF DEATH

Month

March

Day

25,

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12/3/1868

9. AGE (last birthday)

94

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Salesman

10b. KIND OF BUSINESS OR INDUSTRY

Salesman

11. BIRTHPLACE (City and state or country)

Utica, New York

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Richard James

13b. MOTHER'S MAIDEN NAME

Mary Dexter

14. NAME OF HUSBAND OR WIFE

Alzeretta J. James

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.

None

17. INFORMANT 10 Outer Lakes Drive

Mrs. W.H. Norton, St. Louis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Fracture Right Femur

INTERVAL BETWEEN ONSET AND DEATH

2 1/2 hrs

DUE TO (b)

Senility

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.

☐ 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.)

Fall on Side walk

20c. TIME OF INJURY Hour Month, Day, Year

1-8-63

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 April 1954 to 3-25-63 and last saw him alive on 3-18-63
Death occurred at 10:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

E. Simpson

22b. ADDRESS

Springfield, Mo.

22c. DATE SIGNED

3-26-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3-29-63

23c. NAME OF CEMETERY OR CREMATORY

Maple Park Cemetery

23d. LOCATION (City, town, or county)

Springfield, Missouri

24. FUNERAL DIRECTOR

1200 Boonville

Ralph Thorne, Springfield, Missouri

25. DATE RECD. BY LOCAL REG.

4-3-63

26. REGISTRAR'S SIGNATURE

Effie E. Melton

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

(INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

E. A. Simpson
USE BLACK INK
OR
TYPEWRITER RIBBON

APR 8 1963

APR 12 1963

Permit 3-28-63

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

Richard L. Trauser

Licensed Embalmer No.

5164

P. O. Address

Spfd. 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.