

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032999

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 227 Primary Registration District No. 4339 Registrar's No. 37

FILED AUG 26 1963

VS 300
Rev. 4/59

1 0690

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12 90-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY MONROE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PARIS		c. CITY OR TOWN JACKSON TWP	
Length of stay in 1b 6 YRS.		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF HOSPITAL OR INSTITUTION W. MONROE ST.		d. STREET ADDRESS 4 MI. E. OF PARIS, MO.	
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES ELMER PATTON		4. DATE OF DEATH Month Day Year AUGUST 11, 1963	
5. SEX M	6. COLOR OR RACE W	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 9/30/1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) MONROE COUNTY, MO.
13a. FATHER'S NAME JACK PATTON		13b. MOTHER'S MAIDEN NAME MARGARET SKEEN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		17. INFORMANT Address BLANTON WILLS - PARIS, MO.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART III. If deceased was female: was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
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.)	
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 Aug 10-63 to Aug 11-63 and last saw him alive on Aug 10-63 . Death occurred at 3 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) E. H. Agnew M.D.		22b. ADDRESS Paris, Mo.	
22c. DATE SIGNED 8/11/1963		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8/13/1963	23c. NAME OF CEMETERY OR CREMATORY BETHEL CEMETERY	23d. LOCATION (City, town, or county) HOLLIDAY, MO.
24. FUNERAL DIRECTOR ADDRESS E. H. AGNEW - PARIS, MO.		25. DATE RECD. BY LOCAL REG. 8-11-1962	
26. REGISTRAR'S SIGNATURE J. A. Barnett M.D.			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AUG 28 1963

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 Robert E. Wood

Licensed Embalmer No. 5205

P. O. Address Paris, 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.