

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047341

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 4099 Registrar's No. 201

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

FILED DEC 17 1963
a. COUNTY Cass

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Pleasant Hill

Length of stay in 1b
1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dent

c. CITY OR TOWN Salem Inside Limits
Yes ☐ No ☒

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

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
E. Springcreek Twp. Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED First Middle Last
CLAUDENE PATTON

4. DATE OF DEATH Month Day Year
Jan 16, 1963 Dec. 8, 1963

5. SEX F

6. COLOR OR RACE W

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 1/16/1957

9. AGE (last birthday) 6

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

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)
Dent Co., Missouri

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
Perry Patton

13b. MOTHER'S MAIDEN NAME
Virginia Plank

14. NAME OF HUSBAND OR WIFE

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

17. INFORMANT Address
Virginia Patton Salem, Missouri

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

IMMEDIATE CAUSE (a)

Suffocation

INTERVAL BETWEEN ONSET AND DEATH
Instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Home fire which house burnt

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.)
From fire in home

20c. TIME OF INJURY Hour Month, Day, Year
9:05 p.m. 12-8-63

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.)
Home

20f. CITY, TOWN, OR LOCATION
Pleasant Hill

COUNTY Cass

STATE MO

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title)
Glenn Crummin, Cass Co. Coroner

22b. ADDRESS
Hannamville MO

22c. DATE SIGNED
12-8-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
12/9/63

23c. NAME OF CEMETERY OR CREMATORY
Stonehill Cem.

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

(State)

24. FUNERAL DIRECTOR

ADDRESS
Stanley Funeral Home Pleasant Hill, Mo.

25. DATE RECD. BY LOCAL REG.
12-11-63

26. REGISTRAR'S SIGNATURE
Ray J. Seibel

(Licensed Embalmer's Statement on Reverse Side)

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

Raymond C. Stanley

Licensed Embalmer No. 5008

P. O. Address Pleasant Hill, 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.