

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049150

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 310 Primary Registration District No. 3458 Registrar's No. 178a

FILED DEC 17 1963

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Charles		c. CITY OR TOWN O'Fallon	
Length of stay in 1b 4 mos		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) Carmelite Home		d. STREET ADDRESS (If outside, give location) Hwy. 175	
Yes ☒ No ☐		Reside on Farm Yes ☐ No ☒	

3. NAME OF DECEASED (Type or print) Anastasia Patton		4. DATE OF DEATH Month Dec , Day 8 , Year 1963	
5. SEX female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH Feb 24, 1868
9. AGE (last birthday) 95		IF UNDER 1 YEAR Months ☐ Days ☐ Hours ☐ Min. ☐	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	
11. BIRTHPLACE (City and state or country) St. Paul, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Thomas Fanning		13b. MOTHER'S MAIDEN NAME Martina Bowles	
14. NAME OF HUSBAND OR WIFE Joseph Patton, Dec.		Address	
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. 495-266-243A	
17. INFORMANT Richard Patton O'Fallon, Mo.		Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Apparently natural causes b. distress in charge stated the victim showed signs of nausea Friday (Dec 6) while in wheel chair. She seemed okay on Saturday (7) but Sunday (14) morning she was found dead. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) distress in charge stated the victim showed signs of nausea Friday (Dec 6) while in wheel chair. She seemed okay on Saturday (7) but Sunday (14) morning she was found dead. DUE TO (c) distress in charge stated the victim showed signs of nausea Friday (Dec 6) while in wheel chair. She seemed okay on Saturday (7) but Sunday (14) morning she was found dead.		INTERVAL BETWEEN ONSET AND DEATH	
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 _____, to _____ and last saw her/him alive on _____ Death occurred at approx. 5:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Salma Stewart - Registrar		22b. ADDRESS Route 3 St Charles, Mo.		22c. DATE SIGNED 12-10-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem-Burial		23b. DATE Dec. 11, 1963		23c. NAME OF CEMETERY OR CREMATORY Assumption Cemetery	
23d. LOCATION (City, town, or county) O'Fallon, Mo.		23e. DATE RECD. BY LOCAL REG. Dec 10 - 1963		23f. REGISTRAR'S SIGNATURE Salma Stewart	
24. FUNERAL DIRECTOR Keithly-Davis Funeral Hm.		ADDRESS O'Fallon		25. DATE RECD. BY LOCAL REG. Dec 10 - 1963	
26. REGISTRAR'S SIGNATURE Mabel Zumwalt		27. REGISTRAR'S SIGNATURE Mabel Zumwalt			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 0928

2 0920

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12 86-8

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 10 1964

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

Jerry S. Davis

Licensed Embalmer No. 5139

P. O. Address

St. Albans Me

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.