

No. 300  
10.48

FILED MAR 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4233**

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **103**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>	
c. LENGTH OF STAY (In this place) <b>56 yrs.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>409 Themis ST</b>		d. STREET ADDRESS (If rural, give location) <b>409 Themis ST</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b>	b. (Middle) <b>E.</b>	c. (Last) <b>PATTON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 4, 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 24, 1867</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>7</b>	IF UNDER 24 HRS. Days <b>10</b>	IF UNDER 24 HRS. Min. <b>14</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Virginia City, California</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Sam Chapin</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Endicott</b>	14. NAME OF HUSBAND OR WIFE <b>Dr. Warren C. Patton</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Miss Mollie Patton</b>	ADDRESS <b>Cape Girardeau</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Functional cardiac disorder</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) <b>5810</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cirrhosis liver</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1945**, to **1949**, that I last saw the deceased alive on **8-11, 1949**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>117 Themis Cape Girardeau, Mo.</b>	23c. DATE SIGNED <b>3-7-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March 6, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Lorimier</b>	24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau Mo.</b>
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DATE REC'D BY LOCAL REG. <b>March 7-1949</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	44	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Walther's Funeral Home, Cape Girardeau</b>
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(Licensed Embalmer's Statement on Reverse Side)

Mo.

EMED

Health Officer No. 4

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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.

Signed

*Virgil H. Kelch*

Licensed Embalmer No. 4102

P. O. Address Cape Scurden

Signed \_\_\_\_\_  
Student Embalmer

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 this body is not embalmed, fact should be so stated above.