

FILED APR 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8039

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo.</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u>	
c. LENGTH OF STAY (in this place) <u>5 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>420 Concourse</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>420 Concourse</u>			
3. NAME OF DECEASED a. (First) <u>MARTHA</u> b. (Middle) <u>A</u> c. (Last) <u>PATTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 13 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 14 1895</u>
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Omro Wis 1</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Michael Albright</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Wm G. Patton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr Wm G. Patton</u>		ADDRESS <u>Excelsior Springs</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
DUE TO (b) <u>hypertension</u>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>420</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)			
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?			
22. I hereby certify that I attended the deceased from <u>3/12</u> , 19 <u>50</u> to <u>3/13/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3/13</u> , 19 <u>50</u> , and that death occurred at <u>5:45 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. M. Cracked</u>		23b. ADDRESS <u>M. D. Excelsior Springs, Mo.</u>	
23c. DATE SIGNED <u>3/14/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3/16/1950</u>	
24c. NAME OF CEMETERY, OR CREMATORY <u>Crown Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Exc. Springs Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/16/50</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Hunt Home</u>		ADDRESS <u>Exc. Spgs Mo.</u>	

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

2241

RECEIVED

MAR 27

District Health Officer No. 8,

District File Number.....

Date Filed 4-6-50

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 James A. Moles

Signed.....
Student Embalmer

Licensed Embalmer No. 3296

P. O. Address Exp Springs 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 this body is not embalmed, fact should be so stated above.