

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23009**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 57 PRIMARY REG. DIST. NO. 4081 Registrar's No. 12

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>CARROLL</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bosworth m</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bosworth 0130</u>  |  |
| c. LENGTH OF STAY (in this place) <u>ALL LIFE</u>   |  | d. STREET ADDRESS (If rural, give location) <u>0</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |  |  |  |
| 3. NAME OF DECEASED<br>a. (First) <u>William</u> b. (Middle) <u>Jesse</u> c. (Last) <u>Patton</u>   |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 20-1950</u>        |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>white</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>  | 8. DATE OF BIRTH <u>March 3, 1870</u>                            |
| 9. AGE (In years last birthday) <u>80</u>   |  | 10. MONTHS <u>4</u> DAYS <u>17</u> HOURS <u></u> MIN. <u></u>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>   | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (State or foreign country) <u>Bosworth mo</u>   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>                         |
| 13a. FATHER'S NAME <u>John T. Patton</u>  | 13b. MOTHER'S MARRIEN NAME <u>Elizabeth Ann Jones</u>  | 14. NAME OF HUSBAND OR WIFE <u>Helle Patton</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   | 16. SOCIAL SECURITY NO. <u></u>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>O. J. Patton Bosworth Mo</u>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                         |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arteriosclerosis</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u> |  |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.  | 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>July 14</u> , 1950, to <u>July 20</u> , 1950, that I last saw the deceased alive on <u>July 20</u> , 1950, and that death occurred at _____ m., from the causes and on the date stated above. |  |  |  |
| 23a. SIGNATURE (Degree or title) <u>John H. Platz MD</u>  | 23b. ADDRESS <u>Carrollton, Missouri</u>   | 23c. DATE SIGNED <u>7/20/50</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 24b. DATE <u>July 22, 1950</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Wharton</u>  | 24d. LOCATION (City, town, or county) (State) <u>Bosworth mo</u> |
| DATE REC'D BY LOCAL REG. <u>July 22-50</u>  | REGISTRAR'S SIGNATURE <u>Pearl Koch 47</u>   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Levin &amp; Edmunds Bosworth mo</u>  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

0170



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 \_\_\_\_\_

*David J. Edwards*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 3265

P. O. Address Bowen 340

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.