

FILED AUG 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24299

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 5937 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Painesville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Painesville 0830</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED a. (First) <u>Willia</u> b. (Middle) <u>Frank</u> c. (Last) <u>Patton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 19 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>Jan 16 1873</u>
9. AGE (In years last birthday) <u>77</u> UNDER 1 YEAR <u>6</u> MONTHS <u>3</u> HOURS <u>0</u> MIN.		9. AGE (In years last birthday) <u>77</u> UNDER 1 YEAR <u>6</u> MONTHS <u>3</u> HOURS <u>0</u> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Merchant</u>	
11. BIRTHPLACE (State or foreign country) <u>Painesville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank Patton</u>		13b. MOTHER'S MAIDEN NAME <u>Bettie Forgy</u>	
14. NAME OF HUSBAND OR WIFE <u>Dollie Patton Painesville</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT'S SIGNATURE OR NAME <u>W.B. Patton</u> ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Organic heart disease -</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mitral Regurgitation.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		470X	
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)		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 16 1950</u> to <u>July 19 1950</u> , that I last saw the deceased alive on <u>July 19 1950</u> , and that death occurred at <u>2:40 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Ratin Duff MD</u> (Degree or title)		23b. ADDRESS <u>Clarksville Mo</u>	
23c. DATE SIGNED <u>July 19 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 26</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Trenlow</u>		24d. LOCATION (City, town, or county) (State) <u>Clarksville Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-26-50</u>		REGISTRAR'S SIGNATURE <u>Duda Richard</u> ADDRESS <u>256</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Harvey L. Carroll</u>		ADDRESS <u>Clarksville, Mo</u>	

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

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AUG 26 1954

MAR 2 1962

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 .....

Student Embalmer

Signed

*Harry L. Carroll*

Licensed Embalmer No. *7439*

P. O. Address *Charlottesville, Va*

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.