

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

285411

State File No. ....

FILED SEP 9 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7457**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 10 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to City Hosp.		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2229	
f. STREET ADDRESS (If rural, give location) 22 1916 Hickory St. 0			
3. NAME OF DECEASED a. (First) Ray Patten b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Aug 30 - 1950
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid ✓	8. DATE OF BIRTH Jan 16, 1879
9. AGE (In years) (If under 1 year last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber	
10b. KIND OF BUSINESS OR INDUSTRY Barber		11. BIRTHPLACE (State or foreign country) Indiana	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Jesse B. Patten		13b. MOTHER'S MAIDEN NAME Emily Moore	14. NAME OF HUSBAND OR WIFE Thenia
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. 491-12-5807	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert A. Patten, Gate, Okla.
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.			INTERVAL BETWEEN ONSET AND DEATH
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) Arteriosclerosis			
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"/>
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? H201	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:19 P. m., from the causes and on the date stated above.			
23a. SIGNATURE Robert E. Taylor 3		23b. ADDRESS 1300 Clark Ave	23c. DATE SIGNED 9/1/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-1-50	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Newburg, Missouri
DATE REC'D BY LOCAL REG. SEP 2 1950	REGISTRAR'S SIGNATURE J. B. Foster	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin Funeral Home Inc.	

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~~.....

~~not embalmed~~.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

*L. P. Cooper*

Student Embalmer.....

Student Embalmer

Licensed Embalmer No. *5633*

P. O. Address *2317 Lafayette*

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.