

FILED OCT 18 1950

## STANDARD CERTIFICATE OF DEATH

35209

State File No. 8489

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY ---		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place) 30 days		a. STATE ILLINOIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW ATHENS - 8130		d. STREET ADDRESS (If rural, give location) 8		b. COUNTY ST. CLAIR	
3. NAME OF DECEASED (Type or Print)		a. (First) Murray		b. (Middle) J.		c. (Last) Patton	
4. DATE OF DEATH		(Month) October		(Day) 8		(Year) 1950	
5. SEX 0 MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JULY 4, 1900	
9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months		IF UNDER 1 DAY Days		IF UNDER 15 MIN. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY AUTO		11. BIRTHPLACE (State or foreign country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY 21. S.A.	
13a. FATHER'S NAME JOHN B. PATTON		13b. MOTHER'S MAIDEN NAME JULIA Mc DONALD		14. NAME OF HUSBAND OR WIFE EDNA STEIN PATTON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 318-03-7191		17. INFORMANT'S SIGNATURE OR NAME MRS. JANE HELLER		ADDRESS NEW ATHENS ILLINOIS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident		Cerebro-vascular accident				5 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) Hypertensive vascular and					
		DUE TO (c) Hypertensive cardiovascular disease				3 years	
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.				Arteriosclerotic vascular disease	
19a. DATE OF OPERATION 9/22/50		19b. MAJOR FINDINGS OF OPERATION Right lumbodorsal sympathectomy				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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR HAZ			
22. I hereby certify that I attended the deceased from Sept. 5, 1950, to Oct. 8, 1950, that I last saw the deceased alive on Oct. 8, 1950, and that death occurred at 2:15 A.M., from the causes and on the date stated above.							
23a. SIGNATURE F.R. Bradley (Degree or title) M.D.				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 10/8/50	
24a. BURIAL, CREMATION, REMOVAL REMOVAL		24b. DATE OCT. 8 1950		24c. NAME OF CEMETERY OR CREMATORY LENZBURG		24d. LOCATION (City, town, or county) (State) LENZBURG, ILLINOIS	
DATE REC'D BY LOCAL REG. OCT 9 1950		REGISTRAR'S SIGNATURE J. B. Sasser		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lee H. Hull, New Athens, Ill.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Lee H. Hull*

Signed.....

Student Embalmer

Licensed Embalmer No. 2973

P. O. Address Merissa Ellen

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.