

FILED MAR 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9102

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5595 Registrar's No. 16 ¹⁰

1. PLACE OF DEATH
 a. COUNTY Jefferson
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Victoria
 c. LENGTH OF STAY (in this place) Yrs.
 d. FULL NAME OF HOSPITAL OR INSTITUTION Gen'l Delivery

2. USUAL RESIDENCE, (Where deceased lived. If institution: residence before admission)
 a. STATE Mo b. COUNTY Jefferson
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Victoria ^{0.500}
 d. STREET ADDRESS (If rural, give location) Gen'l Delivery

3. NAME OF DECEASED
 a. (First) James b. (Middle) Edward c. (Last) Patton

4. DATE OF DEATH (Month) (Day) (Year)
MAR. 14-1951

5. SEX M 6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower

8. DATE OF BIRTH Dec. 24-1859

9. AGE (In years last birthday) 91 If under 1 year: Hours _____ Minutes _____ If under 1 mth. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Car Builder

10b. KIND OF BUSINESS OR INDUSTRY R.R. Shops

11. BIRTHPLACE (State or foreign country) Potosi Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNO W N

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE Artemecia Huskey Patton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Bella Patton ADDRESS Victoria, Mo

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchitis - pneumonia
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Cerebral hemorrhage
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. Fracture R. hip

INTERVAL BETWEEN ONSET AND DEATH
4 days
11 days
331 X F
11 days

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Victoria Jefferson Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 3 1951 6:50 P.M.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Had cerebral hemorrhage & fell beside chair.

22. I hereby certify that I attended the deceased from Nov 22, 1951, to Mar 14, 1951, that I last saw the deceased alive on Mar 13, 1951, and that death occurred at 6:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Mar V. Neffington M.D.

23b. ADDRESS De Soto Mo

23c. DATE SIGNED Mar 16, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 3-16-51

24c. NAME OF CEMETERY OR CREMATORY Hillsboro

24d. LOCATION (City, town, or county) (State) Hillsboro Mo.

DATE REC'D BY LOCAL REG. 3-16-51

REGISTRAR'S SIGNATURE Kathleen Marady

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS See Motherhead De Soto, Mo.

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

0500
1

6

JEFFERSON COUNTY HEALTH DEPT.
JEFFERSON COUNTY MISSOURI
DATE RECEIVED 3-21-51

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 Andrew H England

Licensed Embalmer No. 4745

P. O. Address De Soto, 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.