

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17649**

FILED MAY 24 1951

S. No. 300  
v. 10.48

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>5056</u>		Registrar's No. <u>123</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Randolph</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (in this place)		a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wabash Hospital</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		d. STREET ADDRESS (If rural, give location) <u>700 So 5<sup>th</sup> St</u>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Ernest</u>		b. (Middle) <u>Leo</u>		c. (Last) <u>PATISON</u>		(Month) (Day) (Year) <u>5 15 51</u>	
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 17<sup>th</sup> 1880</u>	9. AGE (In years last birthday) <u>70</u>	10. MONTHS <u>5</u>	11. DAYS <u>28</u>	12. CITIZEN OF WHAT COUNTRY? <u>Umo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rfd Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash RR</u>		11. BIRTHPLACE (State or foreign country) <u>Umo</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Archibald Patison</u>		13b. MOTHER'S MAIDEN NAME <u>None</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie V</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>703-01-1411</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. E. L. Patison</u> ADDRESS <u>Moberly</u>			
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) <u>Acute CORONARY THROMBOSIS</u>				<u>7 1/2 days</u>	
		ANTECEDENT CAUSES					
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		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 <u>0</u>		19b. MAJOR FINDINGS OF OPERATION <u>0</u>				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) 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>Nov 16</u> , 19 <u>49</u> , to <u>May 15</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>May 15</u> , 19 <u>51</u> , and that death occurred at <u>12 N. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Henry K Bader MD</u>				23b. ADDRESS <u>Wabash Hospital</u>		23c. DATE SIGNED <u>MAY 16 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>May 17<sup>th</sup> 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 17-51</u>		REGISTRAR'S SIGNATURE <u>Leah Belliveau</u>		FUNERAL DIRECTOR'S SIGNATURE <u>269 25 Mahan and Son</u>		ADDRESS <u>Moberly, Mo</u>	

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

APR 28 1951

MAY 24 1951

Date Received: MAY 21 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 5-51-939  
Date Filed: MAY 22 1951

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 Frank O. Witt

Licensed Embalmer No. 3021

P. O. Address Proberly 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.