S. No. 300
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FILED JUL 9 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19898

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 581

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place): 7 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. John Hosspital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brookline, Rural 0390
d. STREET ADDRESS (If rural, give location): R. FD # 1

3. NAME OF DECEASED (Type or Print)
a. (First): MYLES
b. (Middle):
c. (Last): PATTEN

4. DATE OF DEATH (Month) (Day) (Year): July 2, 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 12, 1897
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): labor
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Ill.
12. CITIZEN OF WHAT COUNTRY?: U S AA

13a. FATHER'S NAME: Elwood Patten
13b. MOTHER'S MAIDEN NAME: Jannie Delang
14. NAME OF HUSBAND OR WIFE: Milburn Patten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.: *
17. INFORMANT'S SIGNATURE OR NAME: Milburn Patten — ADDRESS: Brookline, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Subarachnoid hemorrhage - Right — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Encephalitis - acute — 11 days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Labar pneumonia - Left terminal

19a. DATE OF OPERATION: No
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* June 26, 1951, *to* July 2, 1951, *that I last saw the deceased alive on* July 2, 1951, *and that death occurred at* 6 30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John W. Williams Jr. M.D.
23b. ADDRESS: 710 Landers Bldg Springfield
23c. DATE SIGNED: 7-2-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 5, 1951
24c. NAME OF CEMETERY OR CREMATORY: Brookline
24d. LOCATION (City, town, or county) (State): Brookline, Missouri

DATE REC'D BY LOCAL REG.: 7-5-51
REGISTRAR'S SIGNATURE: W E Hardly III MD
25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS): Lene C. Hunter Republic, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 23 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 Gene B. Hunter

Licensed Embalmer No. 4739

P. O. Address Republic, 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.