

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23682**

FILED AUG 8 1951

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **3041** Registrar's No. **83**

0611

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

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) Macon		c. CITY (If outside corporate limits, write RURAL and give township) Macon 0611	
c. LENGTH OF STAY (In this place) 49 yrs		d. STREET ADDRESS (If rural, give location) 217 Butler	
d. FULL NAME OF HOSPITAL OR INSTITUTION 217 Butler		d. STREET ADDRESS (If rural, give location) 217 Butler	
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) FRANCIS c. (Last) Patton			4. DATE OF DEATH (Month) (Day) (Year) July 25 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 26 1866
9. AGE (In years last birthday) 84	10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Benjamin Perkins	
13b. MOTHER'S MAIDEN NAME Mary Perkins		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year or of unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME L. P. Patton ADDRESS Macon, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Acute Circulatory Failure INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Vascular Disease 1 mo. 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 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) 331 X	
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 _____	
22. I hereby certify that I attended the deceased from 7/5 1951 , to 7/25 1951 , that I last saw the deceased alive on 7/25 1951 , and that death occurred at 4:10 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE L. P. Patton (Degree or title) _____		23b. ADDRESS Macon	23c. DATE SIGNED 7/29/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 27 1951	24c. NAME OF CEMETERY OR CREMATORY Wardlaw	24d. LOCATION (City, town, or county) (State) Macon, Mo.
DATE REC'D BY LOCAL REG. Aug 3-51	REGISTRAR'S SIGNATURE Jeth McNeely	FUNERAL DIRECTOR'S SIGNATURE Stephens & Gooding ADDRESS Macon, Mo.	

RECEIVED 8.4.51
MACON COUNTY HEALTH DEPARTMENT
County File No. 8.51.118
Date Filed 8.6.51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed..... *Charles L. Hutton*

Licensed Embalmer No. *4577*

P. O. Address *Macon, 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.