

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

13822

State File No.

No. 300
10.40 APR 24 1952

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LOUISIANA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FAYNESVILLE 1870</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>8</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>PIKE CO. HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JACK</u>	b. (Middle)	c. (Last) <u>PATTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 10, 1952</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MARCH 29, 1904</u>	9. AGE (In years last birthday) <u>48</u>	10 UNDER 1 YEAR Months <u>0</u> Days <u>20</u>	11 UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>WALTER PATTON</u>	13b. MOTHER'S MAIDEN NAME <u>MARY CRANK</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>	16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Extensive 3rd and 2nd degree Burns of trunk and extremities</u>		
	ANTECEDENT CAUSES 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.		<u>E9161</u> <u>160</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>882</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>5 miles South Fynesville Pike Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-6-52 5:00 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>In truck</u>
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22. I hereby certify that I attended the deceased from 4-6, 1952, to 4-10, 1952, that I last saw the deceased alive on 4-9, 1952, and that death occurred at 8:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. H. Kemler M.D.</u> (Degree or title)	23b. ADDRESS <u>Louisiana, Missouri</u>	23c. DATE SIGNED <u>4-10-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 11, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Faynesville</u>	24d. LOCATION (City, town, or county) (State) <u>Faynesville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>April 10, 1952</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Carroll, Clarksville, Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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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

Geo. M. Collier

Licensed Embalmer No. *3839*

P. O. Address *Louisiana, 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.