

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **216**

REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 7000	
d. FULL NAME OF HOSPITAL OR INSTITUTION Noyes Hospital		d. STREET ADDRESS (If rural, give location) 4520 Salem Court	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) MAX c. (Last) PATTON	4. DATE OF DEATH (Month) (Day) (Year) Jan. 16, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 11, 1904	9. AGE (In years last birthday) 48	10 UNDER 1 YEAR 8 Months	11 UNDER 24 Hrs. 5 Days
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Business Manager for Central Services Inc.	10b. KIND OF BUSINESS OR INDUSTRY Central Services Inc.	11. BIRTHPLACE (City and State or Foreign Country) Greenville, Texas	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME R.N. Patton	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Lillian Johnson Willis
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. William Max Patton, Kansas City, Mo	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, asthma, 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) Angioblastic heart		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) uremia		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from **23 Dec, 1952** to **16 Jan, 1953** that I last saw the deceased alive on **15 Jan, 1953**, and that death occurred at **7A** m., from the causes and on the date stated above.

23a. SIGNATURE Margaret W. ... (Degree or title)	23b. ADDRESS Columbia Mo	23c. DATE SIGNED 1-16-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 18, 1953	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) Columbia, Missouri.
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DATE REC'D BY LOCAL REG. Jan 17 1953	REGISTRAR'S SIGNATURE Mrs. R.E. Palmer	25. FUNERAL DIRECTOR'S SIGNATURE Parsons Funeral Service, Columbia Mo	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

1050

S. No. 300
V. 10.48

LED JAN 26 1953

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

J. P. Phillips
Licensed Embalmer No. 4899
P. O. Address Columbus, 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.