

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16961**

FILED JUN 2 1953

REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **86**

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

1. PLACE OF DEATH a. COUNTY <b>Audrain 0043</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Mexico</b>	c. LENGTH OF STAY (in this place) <b>30 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>0043</b>	d. STREET ADDRESS (If rural, give location) <b>803 E. Lafayette St.</b>
3. NAME OF DECEASED (Type or Print) <b>LULU PATTON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 26th 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Sept. 1st 1881</b>
9. AGE (In years) (Months) (Days) (Hours) (Mins.) <b>71</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
11. BIRTHPLACE (City, and State or Foreign Country) <b>Roanoke Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Anson Boone</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Benjamin Patton</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>—</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Benjamin Patton Jr. Independence</b>	
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* (a) <b>Chronic myocarditis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>hypertension</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>ulcerated stomach</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>443X</b>	
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)		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 <b>11-1-52</b> , 19 <b>52</b> , to <b>5-26</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>5-27</b> , 19 <b>53</b> , and that death occurred at <b>5 p.</b> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>H. J. Pector, M.D.</b> (Degree or title)		23b. ADDRESS <b>Mexico, Mo.</b>	
23c. DATE SIGNED <b>5-27-53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removed</b>	
24b. DATE <b>May 28-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Roanoke</b>	
24d. LOCATION (City, town, or county) (State) <b>Roanoke Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Blanche Neely, 911 Stuart St. Kansas City, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>May 28-1953</b>		REGISTRAR'S SIGNATURE	

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

*Edward D. Parker*

Licensed Embalmer No. 2900

P. O. Address Columbia 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.