

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8296

State File No.

No. 300
10.48

BIRTH NO. FILED MAR 29 1954 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 302

1. PLACE OF DEATH a. COUNTY <p align="center">Greene</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p align="center">Missouri</p>		b. COUNTY <p align="center">Greene</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Springfield</p>		c. CITY OR TOWN <p align="center">Springfield</p>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">2342 N. Boonville</p>		e. STREET ADDRESS (If rural, give location) <p align="center">2342 N. Boonville</p>			

3. NAME OF DECEASED (Type or Print)	a. (First) <p align="center">IRA</p>	b. (Middle) <p align="center">THOMAS</p>	c. (Last) <p align="center">PATISON</p>	4. DATE OF DEATH (Month) (Day) (Year) <p align="center">March 22, 1954</p>
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5. SEX <p align="center">Male</p>	6. COLOR OR RACE <p align="center">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Married</p>	8. DATE OF BIRTH <p align="center">20 Jan. 1897</p>	9. AGE (In years last birthday) <p align="center">58</p>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Pipe Fitter</p>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <p align="center">Missouri</p>	12. CITIZEN OF WHAT COUNTRY? <p align="center">USA</p>
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13a. FATHER'S NAME <p align="center">Ira Patison</p>	13b. MOTHER'S MAIDEN NAME <p align="center">Breshears</p>	14. NAME OF HUSBAND OR WIFE <p align="center">Edith Patison</p>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <p align="center">Yes WWI</p>	16. SOCIAL SECURITY NO. <p align="center">705-03-8787</p>	17. INFORMANT'S SIGNATURE OR NAME <p align="center">Edith Patison</p>	ADDRESS <p align="center">Springfield, Mo.</p>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <p align="center">Unknown</p>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p align="center">Probable Coronary Vascular Disease</p>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <p align="center">UNATTENDED BY A PHYSICIAN</p>		

19a. DATE OF OPERATION <p align="center">11/16/53</p>	19b. MAJOR FINDINGS OF OPERATION <p align="center">Gastro Jejunostomy by L. L. Baker, MD, Woodriver, Illinois</p>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 12:00 to 1:00 and that death occurred at 8:05P m., from the causes and on the date stated above.

23a. SIGNATURE <p align="center">Edith Patison</p>	(Degree or title) <p align="center">Registrar of Vital Statistics</p>	23b. ADDRESS <p align="center">Greene County Court House Springfield, Missouri</p>	23c. DATE SIGNED <p align="center">3/23/54</p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Burial</p>	24b. DATE <p align="center">3/25/54</p>	24c. NAME OF CEMETERY OR CREMATORY <p align="center">White Chapel Cemetery</p>	24d. LOCATION (City, town, or county) (State) <p align="center">Springfield, Missouri</p>
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DATE REC'D BY LOCAL REG. <p align="center">3-23-54</p>	REGISTRAR'S SIGNATURE <p align="center">Edith Patison</p>	25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">J.W. Klingner Co.</p>	ADDRESS <p align="center">Springfield, Mo.</p>
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 12 1954

APR 8

1950

MAR 29 1950

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
Signature of Student Embalmer

Signed *Ogle Slone Jr*

Licensed Embalmer No. *417*

P. O. Address *Springfield*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.