

FILED FEB 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1692

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY CARROLL	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. CITY OR TOWN Bosworth	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Chillicothe Hospital		e. STREET ADDRESS (If rural, give location) Route 1 0170	
3. NAME OF DECEASED a. (First) Robert b. (Middle) CALVIN c. (Last) PATTON			4. DATE OF DEATH (Month) (Day) (Year) JAN 30. 1955
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Aug. 19 - 1873
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Hours 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RADMEN		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and State or Foreign Country) Bosworth MO
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JOHN PATTON	
13b. MOTHER'S MAIDEN NAME ANN JAMES		14. NAME OF HUSBAND OR WIFE Mrs CLAMMINE PATTON	
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. NONE	
17. INFORMANT'S SIGNATURE OR NAME Mrs CLAMMINE PATTON		ADDRESS Bosworth MO, 11 th	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis 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. Uremia	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4222	
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 _____, 1955, to Jan 30, 1955, that I last saw the deceased alive on Jan 29, 1955, and that death occurred at 8:15 a.m., from the causes and on the date stated above.			
23a. SIGNATURE Joseph F. Zelle (Degree or title) MD		23b. ADDRESS Chillicothe MO	
23c. DATE SIGNED 2-9-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Feb. 2 - 1955	
24c. NAME OF CEMETERY OR CREMATORY WHARTON		24d. LOCATION (City, town, or county) (State) Bosworth MO	
DATE REC'D BY LOCAL REG. 2-9-55		REGISTRAR'S SIGNATURE Frances B. Neill 171	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leijars & Edwards Bosworth MO			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *David F. Edwards*.....

Licensed Embalmer No. *326*

P. O. Address *Brownsville*.....

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.