

FILED MAR 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5550

BIRTH NO. _____		REG. DIST. NO. <u>181</u>		PRIMARY REG. DIST. NO. <u>5678</u>		Registrar's No. <u>4</u>					
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisville</u>		c. LENGTH OF STAY (In this place) <u>2 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Corso</u>		a 570					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)							
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>PATTERSON</u> c. (Last) <u>SITTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 5 1956</u>								
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>Sept. 22, 1871</u>					
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Days <u>1</u>		IF UNDER 10 HRS. Hours <u>13</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>					
10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Silex Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Eldridge Sitton</u>			13b. MOTHER'S MAIDEN NAME <u>Alice Patterson</u>			14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W. C. Henderson</u>		ADDRESS <u>Corso Mo.</u>					
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				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>				DUPLICATE TO (b) <u>Influenza</u>				10 Days			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUPLICATE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				4222		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) m.		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 <u>Oct. 26, 1954</u> , to <u>Feb. 5, 1956</u> , that I last saw the deceased alive on <u>Feb 4, 1956</u> , and that death occurred at <u>12:05A m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>R. M. Penn</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Silex Mo.</u>				23c. DATE SIGNED <u>Feb 7-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 7, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Liberty</u>		24d. LOCATION (City, town, or county) (State) <u>Lincoln County Mo.</u>					
DATE REC'D BY LOCAL REG. <u>2/28/56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Cleo Kientz</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wayne Mc Coy Troy Mo</u>					
(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
Student Embalmer

Signed

Wayne Mc Coy

Licensed Embalmer No. *3586*

P. O. Address

Froy Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.