No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 21 1956

State File No. 39033

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 5956 Registrar's No. 151

1. PLACE OF DEATH
a. COUNTY: PIKE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Calumet
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD - Eolia, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: PIKE
c. CITY OR TOWN: EOLIA - RFD
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 2 miles south of Paynesville

3. NAME OF DECEASED (Type or Print)
a. (First): WALLACE
b. (Middle):
c. (Last): PATTON

4. DATE OF DEATH (Month) (Day) (Year): Nov. 4, 1956

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 12-23-76
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: own farm
11. BIRTHPLACE (City and State or Foreign Country): Paynesville, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Joe A. Patton
13b. MOTHER'S MAIDEN NAME: Mary Fielder
14. NAME OF HUSBAND OR WIFE: Mary Crank Patton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 498-01-1828
17. INFORMANT'S SIGNATURE OR NAME: Mary Patton — ADDRESS: Eolia, Mo. RFD

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Portal Cirrhosis — INTERVAL BETWEEN ONSET AND DEATH

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 5810
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 21st, 1956, *to* Nov. 4th, 1956, *that I last saw the deceased alive on* Nov. 3rd, 1956, *and that death occurred at* 1 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. J. Guy, MD (Degree or title)
23b. ADDRESS: Paynesville, Mo.
23c. DATE SIGNED: Nov. 5th

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: Nov. 6, 1956
24c. NAME OF CEMETERY OR ~~CREMATORY~~: GREENWOOD
24d. LOCATION (City, town, or county) (State): CLARKSVILLE, Mo.

DATE REC'D BY LOCAL REG.: Nov 6, 1956
REGISTRAR'S SIGNATURE: Bernice Callier
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
ADDRESS: Elsberry, Mo.

(Licensed Embalmer or Person Acting as Such)

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 embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 4017

P. O. Address Elsberry

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.