

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9709

FILED MAR 19 1957

Registration District No. 294 Primary Registration District No. 3856 Registrar's No. 56

STATE FILE NUMBER

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Moberly</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Moberly 0883</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>409 W. Burkhardt</u>			Length of stay in 1b <u>35 years</u>		d. STREET ADDRESS (If inside, give location) <u>409 W. Burkhardt</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <u>PLEAS LAFAYETTE PATTON</u>				4. DATE OF DEATH <u>March - 9 - 1957</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan - 9 - 1882</u>		9. AGE (In years last birthday) <u>75</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Bldg</u>		11. BIRTHPLACE (City and state or country) <u>Jacksonville Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Thomas Patton</u>				14. MOTHER'S MAIDEN NAME <u>Nettie Daniel</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Howard Patton</u>			Address <u>Springfield Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hypertensive Heart disease</u> DUE TO (c) <u>Atherosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>443X</u>								INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>?</u> <u>?</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour <u> </u> Month, Day, Year a. m. <u> </u> p. m. <u> </u>									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>3-6-57</u> to <u>3-9-57</u> and last saw <u>him</u> alive on <u>3-9-57</u> Death occurred at <u>4:15 Pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>A. Noel Harris D.O.</u>				22b. ADDRESS <u>Clyden Hill</u>				22c. DATE SIGNED <u>3-10-57</u>	
23a. BURIAL, CREMATION, REBURYAL (Specify)		23b. DATE <u>Mar-11-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>East of Jacksonville Mo</u>			
24. FUNERAL DIRECTOR <u>Cater Funeral Home Moberly Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>3-11-57</u>		26. REGISTRAR'S SIGNATURE <u>P. Lawrence</u>			

(Licensed Embalmer's Statement on Reverse Side)

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MAR 26 1957
MAR 21 1957

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 *R. M. Carter*

Licensed Embalmer No. *411*

P. O. Address *Proberly*

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.