

FILED OCT 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31471

STATE FILE NUMBER

Registration District No. **120** Primary Registration District No. **2000**

Registrar's No. **950-B**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Nixa <i>022</i>	
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION OZARK OSTEOPATHIC HOSPITAL		d. STREET ADDRESS (If outside, give location) 5 miles NW Nixa	
3. NAME OF DECEASED (Type or print) First Lenzy Middle William Last Patton		4. DATE OF DEATH Month October Day 1 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 8, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Battlefield, Mo.
13a. FATHER'S NAME William Patton		13b. MOTHER'S MAIDEN NAME Mary Patterson	14. NAME OF HUSBAND OR WIFE Eliza 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. Yes.	17. INFORMANT Address Eliza Patton, Nixa, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory failure Myo-cardial infarction Coronary Arterio-sclerosis. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 9/22/57. Appendectomy			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			
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 9/22/57 to 10/1/57 and last saw him alive on 9/30/57 Death occurred at 9:45 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Dee or title) <i>Edna E. Winters</i>		22b. ADDRESS 700 E. Sunshine, Springfield, Mo.	
		22c. DATE SIGNED Mo. 10/1/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/6/1957	
23c. NAME OF CEMETERY OR CREMATORY Manley Cemetery		23d. LOCATION (City, town, or county) (State) Christian Co., Mo.	
24. FUNERAL DIRECTOR Harris Funeral Home, Clever, Mo.		25. DATE RECD. BY LOCAL REG. 10-7-57	
		26. REGISTRAR'S SIGNATURE <i>Edna E. Winters</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *J. Dean Harris*

Licensed Embalmer No. *4390*

P. O. Address *Cherry 7th*

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.