

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37962**  
Registrar's No. **9760**

FILED OCT 29 1957

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>9760</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Lawrence</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (in this place) <b>3 Mos.-today</b>		c. CITY OR TOWN <b>Bridgeport</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Children's Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>32 R.F.B. # 1</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Patney</b> b. (Middle) <b>Gale</b> c. (Last) <b>Patton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10 17 57</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>5-25-57</b>	
9. AGE (In years last birthday) <b>4</b>		IF UNDER 1 YEAR Days <b>22</b>		IF UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) <b>Lawrenceville, Illinois</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Charles F. Patton</b>			13b. MOTHER'S MAIDEN NAME <b>Geania Husa</b>			14. NAME OF HUSBAND OR WIFE <b>Single</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Alice Tombrudge, 500 S. Kings Highway</b>			
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) <b>Cardiac failure</b> <b>Cardiac failure</b> ANTECEDENT CAUSES <b>Fibroelastosis of the endocardium</b> DUE TO (b) <b>Fibroelastosis of the endocardium</b> <b>patent ductus arteriosis</b> DUE TO (c) <b>Patent Ductus Arteriosus (Ligated)</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>3 wks.</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>754.1</b>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 <b>7-7</b> , 19 <b>57</b> , to <b>10-17</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>10-17</b> , 19 <b>57</b> , and that death occurred at <b>1:50 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>D.S. Thurston</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Children's Hospital</b>		23c. DATE SIGNED <b>10-18-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>10-18-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CITY</b>		24d. LOCATION (City, town, or county) (State) <b>Lawrenceville, Ill.</b>	
DATE REC'D BY LOCAL REG. <b>OCT 18 57</b>		REGISTRAR'S SIGNATURE <b>Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Emmons Lawrenceville, Ill.</b>			

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..... *Charles Emmons* .....

Licensed Embalmer No. *3693* .....

P. O. Address *Lawrenceville* .....

**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.**