

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044986

STATE FILE NUMBER

FILED DEC 19 1958

Registration District No. 230

Primary Registration District No. 5810

Registrar's No. 26

300
-57

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Loutre		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Mc Kittrick ⁰⁷⁰⁰ Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Clyde Efrey Patton			4. DATE OF DEATH Month Day Year 12 14 1958
5. SEX M	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 Jan-2-1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 80 Months 11 Days 12 Hours Min.
13a. FATHER'S NAME William Frank Patton		13b. MOTHER'S MAIDEN NAME Fredreka Wilkening	11. BIRTHPLACE (City and state or country) Big Spring Mo
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. 490-44-1538	12. CITIZEN OF WHAT COUNTRY? U S
17. INFORMANT Roy Patton		14. NAME OF HUSBAND OR WIFE Ollcan Patton	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral ischemia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Acute cardiac failure DUE TO (c) Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
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.) 493X	
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 checked="" 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 Aug. 15, 1958 to Dec. 14, 58 and last saw her alive on Dec. 14, 1958 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE L. E. John (Degree or title) 2		22b. ADDRESS Hermann, Mo.	22c. DATE SIGNED 12/15/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec 17 1958	23c. NAME OF CEMETERY OR CREMATORY Liberty Baptist Cemetery	23d. LOCATION (City, town, or county) (State) Big Spring Mo
24. FUNERAL DIRECTOR Baker Funeral Home Americus Mo		25. DATE RECD. BY LOCAL REG. Dec. 17-1958	26. REGISTRAR'S SIGNATURE Mrs. Eunice Bush

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 19 1959

JAN 28 1959

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 *D B Baker* _____

Licensed Embalmer No.3375.....

P. O. AddressAmericus, Mo.....

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.