

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005380

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 159 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 5117

2 5117

3 2

4 1

5 1

6

7 0

8 2

9 331X

10

12 2-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

M.H. Chris. M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED FEB 18 1963

1. PLACE OF DEATH
 a. COUNTY Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo b. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Joseph Length of stay in 1b 4 days

c. CITY OR TOWN St. Joseph Inside Limits Yes No

c. FULL NAME OF (If NOT-in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hospital Inside Limits Yes No

d. STREET ADDRESS General Delivery Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Melvina Middle R Last Patton

4. DATE OF DEATH Month Jan Day 24 Year 1963

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH Sept. 9, 1887 AGE (last birthday) 75 IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Agency Mo 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James Mitchell 13b. MOTHER'S MAIDEN NAME Nancy Ann Cobb 14. NAME OF HUSBAND OR WIFE George 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. [redacted] 17. INFORMANT Address George Patton, Agency Mo

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vasculer Hemorrhage with Paralysis DUE TO (b) Chronic Bronchitis DUE TO (c) [redacted]

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) [redacted]

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE

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

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 Jan 20, 1963 to 1/24/63 and last saw her alive on Jan. 24, 1963. Death occurred at 1:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Martin A. Christup 22b. ADDRESS St. Joseph, Mo. 22c. DATE SIGNED 2-14-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 1/27/63 23c. NAME OF CEMETERY OR CREMATORY Agency Cemetery 23d. LOCATION (City, town, or county) (State) Agency Mo

24. FUNERAL DIRECTOR [Signature] ADDRESS St. Joseph, Mo 25. DATE RECD. BY LOCAL REG. Feb. 15, 1963 26. REGISTRAR'S SIGNATURE Mrs. Clark Woodell

USE BLACK INK OR TYPEWRITER RIBBON

Permit issued 1-25-63

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

John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Josephville

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.