

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **43970**

FILED DEC 24 1953

BIRTH NO. _____ REG. DIST. NO. **296** PRIMARY REG. DIST. NO. **6018** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Fishing River		c. LENGTH OF STAY (In this place) ?	c. CITY OR TOWN Vibbard 0890 d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 miles east Vibbard, Mo.		e. STREET ADDRESS (If rural, give location) No street addresses given	
3. NAME OF DECEASED (Type or Print) a. (First) Albert Patton b. (Middle) Patton c. (Last) Patton		4. DATE OF DEATH (Month) (Day) (Year) Dec. ? 1953	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Feb. 13, 1876
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 10 Days ?	IF UNDER 24 HRS. Hours ? Min. ?
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John W. Patton		13b. MOTHER'S MAIDEN NAME Mandy Lee	
14. NAME OF HUSBAND OR WIFE Lillie Patton		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. 500-28-1760		17. INFORMANT'S SIGNATURE OR NAME Cecil Patton, K.C. Mo. ADDRESS _____	
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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. G. T. Baber		23b. ADDRESS Coroner Richmond Mo	
23c. DATE SIGNED 12-14-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 12-15-1953		24c. NAME OF CEMETERY OR CREMATORY New Garden Cemetery	
24d. LOCATION (City, town, or county) (State) Ray County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Carter ADDRESS Richmond, Mo.	
DATE REC'D BY LOCAL REG. 12-28-53		REGISTRAR'S SIGNATURE Helen J. Larkin ADDRESS _____	

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..... *Thomas J. Carter*

Licensed Embalmer No..... *4474*

P. O. Address..... *Richmond,*

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.