

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3519**

BIRTH NO. _____		REG. DIST. NO. 336		PRIMARY REG. DIST. NO. 6128		Registrar's No. _____							
1. PLACE OF DEATH a. COUNTY SHANNON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI				b. COUNTY SHANNON					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EMINENCE, MO.		c. LENGTH OF STAY (in this place) 6 YRS.		c. CITY OR TOWN EMINENCE		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE				e. STREET ADDRESS (If rural, give location) RURAL				1010					
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM			b. (Middle) CLEVELAND			c. (Last) PATTON			4. DATE OF DEATH (Month) (Day) (Year) FEB. 2, 1956				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED DIVORCED		8. DATE OF BIRTH MARCH 18, 1885		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 10 Days 15		IF UNDER 12 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED				10b. KIND OF BUSINESS OR INDUSTRY DEFENSE PLANT		11. BIRTHPLACE (City and State or Foreign Country) SHANNON COUNTY, MO.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME JOHN PATTON				13b. MOTHER'S MAIDEN NAME JULIA BOND				14. NAME OF HUSBAND OR WIFE NONE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO				16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 414-10-4333		17. INFORMANT'S SIGNATURE OR NAME ADDRESS EUNICE DUNCAN * 3734 OHIO AVE * ST. LOUIS.							
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis								INTERVAL BETWEEN ONSET AND DEATH			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery disease DUE TO (c) Arterial Sclerotic Heart											
		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 4-200								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)									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 _____, 19 53 , to _____, 19 56 , that I last saw the deceased alive on 1-7 , 19 56 , and that death occurred at 12:30 p.m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Dr. Lawrence Langston, D.O.				23b. ADDRESS Summersville				23c. DATE SIGNED Feb 7					
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB. 4, 1956		24c. NAME OF CEMETERY OR CREMATORY SHANNONDALE CEMETERY				24d. LOCATION (City, town, or county) (State) EMINENCE, MO.					
DATE REC'D BY LOCAL REG. 2-13-1956		REGISTRAR'S SIGNATURE Michael Gallen				25. FUNERAL DIRECTOR'S SIGNATURE 447		ADDRESS DUNCAN FUNERAL HOME * MTN. VIEW, MO.					

(Licensed Embalmer's Statement on Reverse Side)

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 *Joe P. Leman*.....

Licensed Embalmer No. *43*.....

P. O. Address *Mt. View*.....

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.