

Christ Episcopal Church Cemetery Inventory

State and Water Streets, Dover DE 19903

Lot Number: 52 Space: F

Find A Grave # 244334850

Name: **Paton, Frederick Bendig**

Birth date: December 1, 1932 Death date: November 7, 2019 Burial Date: September 13, 2022 Age: 86

Spouse:

Children:

Parents: William Kennell Paton Sr.(1894-1959) and Mary Elizabeth Bendig Paton (1901-1972)

Siblings: William K. Paton Jr.

Residence: Wilmington, DE

Cause of death/Burial/Obituary: Congestive heart failure; see next page

Military service/occupation information: Banking

Officiate: none

Lot Owner: William Kennell Paton

Marker just west of burial (above the burial)

Inscription:

Frederick Bendig
Paton
Dec. 1, 1932
Nov. 7, 2019

DIMENSIONS: H 4" x W 25" x D 13"

STYLE: headstone

No repairs needed: new in 2022



Inventory date: September 13, 2022

Recorder: Nancy Quinn

Obituary retrieved from mealyfuneralhome.com on September 13, 2022

Frederick Bendig Paton died Thursday, November 7, 2019 at the Country House in Wilmington, Delaware. Fred was born in 1932 and raised in Dover, Delaware where he lived at 20 The Green, now in the National Registry of Historic Places. Fred graduated from Phillips Exeter Academy and Williams College in 1955. He spent the majority of his career in banking and retired from Swiss Bank in New York City. He lived in New York, London, South Africa and Zürich, Switzerland. He retired to his family home at the Merriewold Club, NY in the Catskill Mountains. He is predeceased by his father William K. Paton, President of the Farmers Bank of Delaware, and his mother Mary Bendig Paton, who was active in various Children's charities and the Dover Library. He is survived by his brother, William K. Paton, Jr., (Renis Siner), five nieces, seven great nephews and a great niece and two great, great nieces and a great, great nephew. He was lovingly known by all his nieces and nephews as "The Great White Whale" due to his great love of swimming and rowing crew. Services will be private.

Mealy Funeral Home, Wilmington, DE

Death certificate obtained from brother Bill Paton, September 2022

CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL STATISTICS **CERTIFICATE OF DEATH** (107)
 State of Delaware DEPARTMENT OF HEALTH AND SOCIAL SERVICES State File Number

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) FREDERICK B. PATON		2. SEX MALE	3. SOCIAL SECURITY NUMBER 222 20 7544
4a. AGE Last Birthday 86 (Years)	4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____ Seconds: _____	5. DATE OF BIRTH (Mo/Day/Yr) DEC 1, 1932
6. RESIDENCE STATE DELAWARE		7. COUNTY NEW CASTLE	8. BIRTHPLACE (City and State or Foreign Country) MONTECLAIR, NJ
9. STREET AND NUMBER 4830 KENNETH PIKE		10. CITY OR TOWN WILMINGTON	11. ZIP CODE 19807
12. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Married but Separated <input type="checkbox"/> Unknown <input type="checkbox"/> Civil Union	
14. FATHER'S NAME (First, Middle, Last) WILLIAM K. PATON		15. MOTHER'S NAME (First, Middle, Last) MARY BENDIG	
16. INFORMANT'S NAME SARAH PATON HALL		17. RELATIONSHIP TO DECEDENT NIECE	
18. MAILING ADDRESS (Street and Number, City, State, Zip Code) 11 GINGER DR, MECHANICSBURG PA 17050			
19. PLACE OF DEATH (Check only one; see instructions)			
<input type="checkbox"/> Death occurred in a hospital		<input type="checkbox"/> Death occurred somewhere other than a hospital	
<input type="checkbox"/> Resident <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on arrival		<input type="checkbox"/> Hospice facility <input checked="" type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____	
20. FACILITY NAME (if not institution, give street & number) THE COUNTRY HOUSE		21. CITY/TOWN STATE AND ZIP CODE WILMINGTON, DE 19807	
22. METHOD OF SUBMISSION: <input type="checkbox"/> Donation <input type="checkbox"/> Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Personal from State		23. PLACE OF SUBMISSION (Name of cemetery, crematory, other place) FAMILY CREMATION SERVICES	
24. LOCATION, CITY, TOWN, AND STATE WILMINGTON, DE		25. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MEALEY FUNERAL HOMES; PO BOX 2866, WILMINGTON DE 19805	
26. SIGNATURE OF PERSON PRODUCING DEATH (Only when applicable) LOVESE R. HENDERSON			
27. SIGNATURE OF PERSON WHO PRONOUNCES OR CERTIFIES DEATH (Only when applicable) LOVESE R. HENDERSON		28. LICENSE NUMBER L1-0026825	29. DATE SIGNED (Mo/Day/Yr) 11/7/19
30. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Best Month)		31. ACTUAL OR PRESUMED TIME OF DEATH NOVEMBER 7, 2019	
32. SIGNATURE OF MEDICAL EXAMINER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33. TIME PRONOUNCED DEAD (Mo/Day/Yr) 12:52 AM	
34. CAUSE OF DEATH (See instructions and examples)			
IMMEDIATE CAUSE (Final disease or condition resulting in death) Congestive Heart Failure			
Sequentially list conditions, if any, leading to the cause listed on line 3. Enter the UNDERLYING CAUSE (disease or injury that resulted in death) resulting in death LAST. Acute Myocardial Infarction			
PART 4. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part 1			
35. TOBACCO USE CONTRIBUTING TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		36. PREGNANT AT TIME OF DEATH? <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 43 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
37. DATE OF BIRTH (Mo/Day/Yr) (Best Month)		38. TIME OF BIRTH (Mo/Day/Yr)	
39. LOCATION OF BIRTH (Street and Number, City or Town, Apartment No.)		40. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41. DESCRIBE HOW INJURY OCCURRED		42. CODE	
43. CERTIFIER (Check only one) <input type="checkbox"/> Physician <input type="checkbox"/> Certified physician <input type="checkbox"/> Other (Specify): _____		44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify): _____	
45. SIGNATURE OF PERSON COMPLETING CAUSE OF DEATH (Item 31) MIGUEL MARQUEZ, 2661 ANNAND DRIVE, WILMINGTON DE 19808			
46. TITLE OF CERTIFIER M.D.		47. LICENSE NUMBER C1-0005026	48. DATE CERTIFIED (Mo/Day/Yr) 11/07/2019
49. FOR REGISTRAR ONLY: DATE FILED (Mo/Day/Yr)			

This is to certify that this is a true and correct copy of the part thereof of the original record filed with the Delaware Division of Public Health, Office of Vital Statistics. This certified copy is issued under the authority of 16 Del. C. § 1110.

Any alteration of this document is prohibited. Do not accept unless on security paper with the raised seal of the Office of Vital Statistics.

M. R. Rattay M.D.
State Registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE