

FILED MAY 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17777

BIRTH NO. _____ REG. DIST. NO. 982 PRIMARY REG. DIST. NO. 3055 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belivar</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" State Hospital #3 1080</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>Nevada State Hosp. #3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Catharine</u>	b. (Middle) <u>Ione</u>	c. (Last) <u>Lathrop</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 22 1950</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>August 1, 1896</u>	9. AGE (In years last birthday) <u>53</u>	if UNDER 1 YEAR Months Days	if UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>cafeteria work.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Index, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George W. Guinn</u>	13b. MOTHER'S MAIDEN NAME <u>Medie Payne</u>	14. NAME OF HUSBAND OR WIFE <u>Bill Lathrop</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs G. W. Guinn</u>	ADDRESS <u>Belivar, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>331X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Psychosis</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 May 20, 1950, to May 22, 1950; that I last saw the deceased alive on May 22, 1950, and that death occurred at 2:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>S. D. Smith M.D.</u>	(Degree or title)	23b. ADDRESS <u>Belivar, Mo.</u>	23c. DATE SIGNED <u>5/24/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>May 24, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Belivar Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 25, 1950</u>	REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>258 Turpin Funeral Home</u>	ADDRESS <u>Belivar, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5841

RECEIVED 5-29-50

District Health Officer No. 7

District File Number 4-50-571

Date Filed 5-29-50

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed *Ronald L. Linn*

Licensed Embalmer No. 23053

P. O. Address Belivar, Ma.

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 this body is not embalmed, fact should be so stated above.