

No. 500  
10.48

FILED AUG 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25839

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY OR TOWN <b>Nevada</b>		c. CITY OR TOWN <b>Nevada, Mo.</b>	
c. LENGTH OF STAY (in this place) <b>1 yr.</b>		d. STREET ADDRESS (If rural, give location) <b>322 N. Cedar</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>322 North Cedar</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Eliza</b> b. (Middle) <b>Blatti</b> c. (Last) <b>Blatti</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 10 1950</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>	
8. DATE OF BIRTH <b>Dec. 25, 1867</b>		9. AGE (In years last birthday) <b>82</b>		10. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
11. BIRTHPLACE (State or foreign country) <b>Monroe Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13. C. LENGTH OF STAY (in this place) <b>1 yr.</b>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (State or foreign country) <b>Monroe Co. Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>A. M. Lange</b>		13b. MOTHER'S MAIDEN NAME <b>Emily F. Fowler</b>	
13c. FATHER'S NAME <b>A. M. Lange</b>		13d. MOTHER'S MAIDEN NAME <b>Emily F. Fowler</b>		14. NAME OF HUSBAND OR WIFE <b>Gottlieb Blatti</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>C. C. Roland Sheldon, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Cerebral Hemorrhage</b>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <b>1-wk</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		DUE TO (b) <b>Don't know</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>Advanced age.</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Advanced age.</b>		23. DATE SIGNED <b>July 11/50</b>	

19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>none</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Nevada, Mo. Vernon</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <input checked="" type="checkbox"/>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>	

22. I hereby certify that I attended the deceased from **July 1, 1950**, to **July 10, 1950**, that I last saw the deceased alive on **July 6, 1950** and that death occurred at **2:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. R. P. [Signature]</b> (Deputy or title)		23b. ADDRESS <b>Nevada, Mo.</b>		23c. DATE SIGNED <b>July 11/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 12-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Leffler Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Harwood, Mo.</b>		24e. NAME OF CEMETERY OR CREMATORY <b>Leffler Cemetery</b>		24f. LOCATION (City, town, or county) (State) <b>Harwood, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>July 12-1950</b>		REGISTRAR'S SIGNATURE <b>Kathryn D. Yancey</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Oldwagoner Harwood, Mo.</b>	
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(Licensed Emballer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JUL 25 1950

Dist. File 750-896

Date Filed 7-31-50

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. W. Hargrave

Licensed Embalmer No. 2709

P. O. Address Harwood, Mo.

**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.