

FILED SEP 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27682

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 140

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) Maryville		c. CITY (If outside corporate limits, write RURAL and give township) Maryville	
c. LENGTH OF STAY (in this place) 4 yrs.		d. STREET ADDRESS (If rural, give location) 204 West 9th	
d. FULL NAME OF HOSPITAL OR INSTITUTION 204 West 9th			

3. NAME OF DECEASED (Type or Print) a. (First) OLIVER	b. (Middle)	c. (Last) LATTIN	4. DATE OF DEATH (Month) (Day) (Year) 7 2 50
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 12/9/71
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Illinois
			12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Lattin	13b. MOTHER'S MAIDEN NAME Jane Mitchell	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Lattin, Maryville, Mo.

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocarditis		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) _____ DUE TO (c) Nephritis		
	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 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 **6 29**, 19**50**, to **July 2**, 19**50**, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:30P** m., from the causes and on the date stated above.

23a. SIGNATURE H. G. Porter (Degree or title) D. O. 2.	23b. ADDRESS Maryville, Missouri	23c. DATE SIGNED 7-5-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/15/50	24c. NAME OF CEMETERY OR CREMATORY St. Mary's
24d. LOCATION (City, town, or county) (State) Maryville, Missouri	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.	
DATE REC'D BY LOCAL REG. 7-8-50	REGISTRAR'S SIGNATURE Beas Holt	

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

742
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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 *Robert L. Senter*

Licensed Embalmer No. *4782*

P. O. Address *Marquette, 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.