

FILED SEP 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32453

BIRTH NO. 62962-50 REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4545 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Webster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshfield</u> 1121	
c. LENGTH OF STAY (In this place) <u>6 hours</u>		d. STREET ADDRESS (If rural, give location) <u>6</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Blinn Clinic</u>			

13. NAME OF DECEASED (Type or Print) a. (First) <u>LARRY</u> b. (Middle) <u>DEAN</u> c. (Last) <u>LETTERMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 26, 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never</u>	
8. DATE OF BIRTH <u>Aug. 26, 1950</u>			9. AGE (In years last birthday)		10. MONTHS <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Webster County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Alvis Letterman</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Irene Dudley</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alvis Letterman Nianqua, Mo.</u>	
				ADDRESS	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 hr.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u>			
		DUE TO (c) 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 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)		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 8-26, 1950, to Sept 19, that I last saw the deceased alive on 8/26, 1950, and that death occurred at 8:25 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		(Degree or title)		23b. ADDRESS <u>Marshfield, Mo.</u>		23c. DATE SIGNED <u>9/2/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 27, 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nianqua Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Nianqua, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9/6/1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 392		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur Bruce Marshfield, Mo.</u>		ADDRESS	

(Licensed Embalmer'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 SEP 11 1950

Dist. File 950-1886

Date Filed 9-15-50

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

*Arthur Bruce*

Licensed Embalmer No. 4228

P. O. Address Marshall, Mo.

*Not Embalmed*

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.