

FILED MAY 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13309
Registrar's No. 22

BIRTH NO. 23091-51 REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046

0681

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

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California Mo.	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 0681	
d. FULL NAME OF HOSPITAL OR INSTITUTION Latham Hospital			

3. NAME OF DECEASED a. (First) Martha b. (Middle) Louise c. (Last) Deatrixon			4. DATE OF DEATH (Month) (Day) (Year) April 23 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) (1)	
8. DATE OF BIRTH 4-23-51		9. AGE (In years last birthday) 12		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) California Mo. Moniteau Co.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME George Dearison		13b. MOTHER'S MAIDEN NAME Georgia Music		14. NAME OF HUSBAND OR WIFE	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Dearison California 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Patent interventricular septum ANTECEDENT CAUSES (Congenital) DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
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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) 7542	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **April 23, 1951**, to **April 24, 1951**, that I last saw the deceased alive on **April 24, 1951** and that death occurred at **7:30** m., from the causes and on the date stated above.

23a. SIGNATURE Kenyon Latham M.D. (Degree or title)		23b. ADDRESS California, Mo		23c. DATE SIGNED 4-24-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-24-51		24c. NAME OF CEMETERY OR CREMATORIUM Salmon Cem	
24d. LOCATION (City, town, or county) (State) Rural Mo					

DATE REC'D BY LOCAL REG. 4-27-51		REGISTRAR'S SIGNATURE H.R. Popgony		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hugh & Williams California Mo	
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RECEIVED

5-10-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 5-10-51

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 Embalmer No.....

Signed

Hugh E. Williams

Signed.....
Student Embalmer

Licensed Embalmer No. 3537

P. O. Address. California 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.