

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24097

FILED JUL 25 1951

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 169

1. PLACE OF DEATH
a. COUNTY RANDOLPH
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOBERLY
c. LENGTH OF STAY (In this place) 4 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION MCCORMICK HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MO. b. COUNTY MONROE
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - JACKSON TWP
d. STREET ADDRESS (If rural, give location) R.F.D. THOMPSON, MO. 0690

3. NAME OF DECEASED
a. (First) MARY FLOSSIE JANE
b. (Middle) LATTA
c. (Last) LATTA

4. DATE OF DEATH (Month) (Day) (Year)
JULY 19, 1951

5. SEX FEMALE
6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH FEB. 20, 1878

9. AGE (In years) (last birthday) 73
IF UNDER 1 YEAR: Months 4, Days 29
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY OWN HOME

11. BIRTHPLACE (State or foreign country) IOWA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME W.C. ROBINSON

13b. MOTHER'S MAIDEN NAME CATHERINE TREMOLEY

14. NAME OF HUSBAND OR WIFE STEPHEN B. LATTA

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 WILLIAM LATTA, THOMPSON, 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) Cerebral apoplexy
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary and peripheral insufficiency
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
1-2 yrs
except apoplexy 5 days

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION 4201

20. AUTOPSY? YES NO

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) (m.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 19, 1947, to July 18, 1951, that I last saw the deceased alive on July 18, 1951, and that death occurred at 2:00 P.M. from the causes and on the date stated above.

23a. SIGNATURE Nellis S. Christman (Degree or title)

23b. ADDRESS Paris, MO 779-57

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 7-20-1951

24c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL

24d. LOCATION (City, town, or county) (State) 5 MI. E. OF PARIS, MO.

DATE REC'D BY LOCAL REG. 7-20-51

REGISTRAR'S SIGNATURE Seal, D. Greenlee

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T. Blakely, PARIS, MO.

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

Date Received: JUL 23 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-57/1310
Date Filed: JUL 23 1951

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..... *E. H. Agnew*

Signed.....
Student Embalmer

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri.

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.