

FILED MAR 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7137

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4548 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Worth</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Worth Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Worth Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home No Address</u>		d. STREET ADDRESS (If rural, give location) <u>No Address</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Lattimer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 2 1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 8 - 1862</u>
9. AGE (In years last birthday) <u>89</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Hotel Operator</u>	11. BIRTHPLACE (State or foreign country) <u>Morris Ill</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Hotel</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S</u>
13a. FATHER'S NAME <u>Henry Lattimer</u>		13b. MOTHER'S MAIDEN NAME <u>Harriett Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie Lattimer</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marlene Ballard Worth Mo</u>
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) <u>Acute Bronchopneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</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	
19a. DATE 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) (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 _____, 1947, to <u>2 March, 1952</u> , that I last saw the deceased alive on <u>1 March, 1952</u> , and that death occurred at <u>3:30 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank B. Matteson MD</u>		23b. ADDRESS <u>Grant City Mo</u>	23c. DATE SIGNED <u>3-4-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 4 - 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grant City</u>	24d. LOCATION (City, town, or county) (State) <u>Grant City Mo</u>
DATE REC'D BY LOCAL REG. <u>3-4-1952</u>	REGISTRAR'S SIGNATURE <u>Pete E. Dawson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Anderson</u>	ADDRESS <u>Grant City Mo</u>

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

11301

3-4

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 John Andrews working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed John Andrews
Licensed Embalmer No. 4211
P. O. Address Grant City 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.