

No. 300 150 SEP 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31102

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>234</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (in this place) <u>1 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		1264	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>910 E. Thylene</u>				d. STREET ADDRESS (If rural, give location) <u>910 E. Thylene E. Thylene</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Letterman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 24-1952</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>Mar 6-1877</u>	
9. AGE (In years last birthday) <u>75</u>		10. UNDER 1 YEAR (Months) <u>6</u> (Days) <u>18</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Osage County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Osage County, Mo.</u>	
13a. FATHER'S NAME <u>John Letterman</u>			13b. MOTHER'S MAIDEN NAME <u>Louise Stump</u>			14. NAME OF HUSBAND OR WIFE <u>Fannie Letterman</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>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fannie Letterman - J.C. Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		II. OTHER SIGNIFICANT CONDITIONS _____					_____
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Decompensated Heart</u>					_____
_____		DUE TO (c) <u>Arterio-sclerotic Heart Disease</u>					_____
_____		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) <u>4200</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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? <u>Dead when I arrived</u>			
22. I hereby certify that I attended the deceased from <u>9-24-1952</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Bruce</u> (Degree or title) _____				23b. ADDRESS <u>Jefferson City Mo.</u>		23c. DATE SIGNED <u>9/24/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Sept 26 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberth</u>		24d. LOCATION (City, town, or county) (State) <u>Be 116 Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 26 52</u>		REGISTRAR'S SIGNATURE <u>R.P. Dickey MD-MR</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lanny Brown - 700 Jefferson</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 2 1952

OCT 1 1952

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

J. H. Anderson

Licensed Embalmer No. 3641

P. O. Address Gene

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.