V.S. No. 300
Rev. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

97

FILED JAN 13 1953

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3001 Registrar's No. 1

0041
1

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vandalia
c. LENGTH OF STAY (In this place): Approx 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 115 West Walsh

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Audrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vandalia 0141
d. STREET ADDRESS (If rural, give location): 115 West Walsh 0

3. NAME OF DECEASED (Type or Print)
a. (First): Lottie
b. (Middle): Logan
c. (Last): Latimer

4. DATE OF DEATH (Month) (Day) (Year): Jan 8, 1953

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: Dec 6, 1869

9. AGE (In years last birthday): 83 83
If under 1 year: Months | Days | 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: Home

11. BIRTHPLACE (City and State or Foreign Country): Pike County, Missouri C

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Peter J. Goodman

13b. MOTHER'S MAIDEN NAME: Lucinda Kilby

14. NAME OF HUSBAND OR WIFE: John Latimer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: John Latimer, Vandalia, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): myocardial infarct

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): _____

DUE TO (c): 4201

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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* Nov 3, 1952, *to* Jan 8, 1953, *that I last saw the deceased alive on* Jan 8, 1953, *and that death occurred at* 12:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. W. Blank M.D.

23b. ADDRESS: Vandalia Mo.

23c. DATE SIGNED: Jan 10 1953

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

24b. DATE: Jan 10, 1953

24c. NAME OF CEMETERY OR CREMATORY: Vandalia Cemetery

24d. LOCATION (City, town, or county) (State): Vandalia Missouri

DATE REC'D BY LOCAL REG.: JAN 10 1953

REGISTRAR'S SIGNATURE: Mallie Fugate

FUNERAL DIRECTOR'S SIGNATURE: William D. Waters

ADDRESS: Vandalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 20 1938

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 William B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.