

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7791**

BIRTH NO. **FILED MAR 22 1954** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **299**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	
c. LENGTH OF STAY (in this place) 30 Yrs.		d. STREET ADDRESS (If rural, give location) 516 West Market St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 516 West Market St.		0117 0	

3. NAME OF DECEASED (Type or Print) a. (First) VERNON		b. (Middle) A.		c. (Last) LATHROP		4. DATE OF DEATH (Month) (Day) (Year) Mar. 12, 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 22/1880	
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 24 HRS. Hours 0 Min. 0		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Landscape		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Wallace, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME George Lathrop		13b. MOTHER'S MAIDEN NAME Lucy Ferguson		14. NAME OF HUSBAND OR WIFE Bertie Lathrop	
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. 488-14-5530		17. INFORMANT'S SIGNATURE OR NAME Mo. ADDRESS Mrs. Bertie Lathrop, St. Joseph	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular Renal Disease		INTERVAL BETWEEN ONSET AND DEATH 3 Months	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Pulmonary Emphysema		1 yr	
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 442 X		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) m.		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 **2 Feb, 1954**, to **12 March, 1954**, that I last saw the deceased alive on **11 March, 1954**, and that death occurred at **7:00 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE Clifton W. Allison MD		(Degree or title) D		23b. ADDRESS 570 James B. St. Joseph, Mo.		23c. DATE SIGNED 16 March 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 16/54		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Joseph Mo.	

DATE REC'D BY LOCAL REG. Mar 18, 1954		REGISTRAR'S SIGNATURE Kenther M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Barry Funeral Home		ADDRESS St. Joseph Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Victor J. Barry

Licensed Embalmer No. 4212

P. O. Address 8 T Joseph M

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.