

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43024

State File No.

FILED JAN 17 1955

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2814

1. PLACE OF DEATH a. COUNTY <u>ST. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived at institution: residence before admission) a. STATE <u>Mo. 0500</u> b. COUNTY <u>Jefferson</u>	
b. CITY OR TOWN <u>ST. LOUIS</u> c. LENGTH OF STAY (In this place) <u>1770.</u>		c. CITY OR TOWN <u>RURAL-Big River</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6309 Page</u>		e. STREET ADDRESS (If rural, give location) <u>Rt. 1 Grubville, 770.</u>	

3. NAME OF DECEASED (First) (Type or Print) <u>JEPTHA</u> (Middle) <u>NMN</u> (Last) <u>LOTT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-5-54</u>		
5. SEX <u>0</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>JAN. 7-1869</u>	9. AGE (In years last birthday) <u>85</u>	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen'l. Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Milton Lott</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Brown</u>	14. NAME OF HUSBAND OR WIFE <u>FRANCES</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NO77e</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Floyd Long</u> ADDRESS <u>Rt. 1-Grubville, Mo.</u>
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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 (For cause of death)		INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatoid arthritis chronic</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic myocarditis</u>			

19a. DATE OF OPERATION <u>8/25/54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Hypertrophied Prostate</u>	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 8-18, 1954, to 11-5, 1954, that I last saw the deceased alive on 11-7, 1954, and that death occurred at 1:05 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. P. Attie, M.D.</u>	23b. ADDRESS <u>607 N Grand</u>	23c. DATE SIGNED <u>12/6/54</u>
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24a. DATE OF REMOVAL	24b. DATE <u>12-8-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WARE</u>	24d. LOCATION (City, town, or county) (State) <u>WARE, Mo.</u>
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DATE REC'D BY LOCAL OFF. <u>12/6/54</u>	REGISTRAR'S SIGNATURE <u>Herbert R. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Mothershead</u> ADDRESS <u>De Soto, Mo.</u>
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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.....
Signature of Student Embalmer

Signed *Andrew H. England*.....

Licensed Embalmer No...479.....

P. O. Address *De Soto*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.