

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15254

State File No. \_\_\_\_\_

FILED MAY 23 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5483 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>HARRISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Yowa</u> b. COUNTY <u>Decatur</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>BEETHAM</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pleasanton, Decatur</u>	
c. LENGTH OF STAY (in this place) <u>7 days</u>		d. STREET ADDRESS (If rural, give location) <u>814 8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>County Jail</u>			

3. NAME OF DECEASED a. (First) <u>Stephen</u> b. (Middle) <u>Person</u> c. (Last) <u>Latta</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-12-55</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>7-10-1892</u>		9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>2</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tann Labor</u>		11. BIRTHPLACE (State or foreign country) <u>Decatur Co Yowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Benton Latta</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Mancheda</u>		14. NAME OF HUSBAND OR WIFE <u>Single</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>460-14-8402</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Subiona Smith</u> ADDRESS <u>1308 Des Moines Iowa</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolus</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5-10-55</u> <u>5 years</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Anterograde amnesia</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)		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 5-8-1955 to 5-12-1955, that I last saw the deceased alive on 5-12-1955, and that death occurred at 12:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William M. Hoover MD</u>		23b. ADDRESS <u>Beetham Mo</u>		23c. DATE SIGNED <u>5-13-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-13-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hamilton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>B.M. S.P. Danville Yowa</u>	
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DATE REC'D BY LOCAL REG. <u>5/16/55</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u> 116-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Burgess Funeral Home</u> ADDRESS <u>Ridgeway 2nd</u>	
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(Licensed Embalmer's Statement of Reverse Side)

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

0.300  
0.48

410  
51

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 Robert R. Boyer.....

Licensed Embalmer No. 3576.....

P. O. Address Ridgeway 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.