

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32553

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5266 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <b>CHRISTIAN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>DOUGLAS</b>	
b. CITY (If outside corporate limits, give RURAL and give town) OR TOWN <b>Ozark Rural Linley 4 mo</b>		c. CITY OR TOWN <b>Mtn Grove</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>4 mo</b>		e. STREET ADDRESS (If rural, give location) <b>R.F.D. # 2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CHRISTIAN TEST HOME</b>		0341	

3. NAME OF DECEASED (Type or Print) <b>JEFFEYSON</b>		b. (Middle) <b>LATUE</b>		c. (Last) <b>LATUE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT. 30-1955</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 2, 1876</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 10 MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>WARSAW, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Thomas JEFFERSON</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy M. FISTER</b>		14. NAME OF HUSBAND OR WIFE <b>Thos. ELLEN LATUE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Frank SELLARS - Mtn. Grove, Mo</b>			

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Circulatory Failure</b>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>hypomastic encephalomalacia + prolonged decubancy 2-3 yrs</b>			
		DUE TO (c) <b>arteriosclerosis</b>		<b>unknown</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>334X</b>	

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)	
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?	

22. I hereby certify that I attended the deceased from 6/14, 1954, to 9/30, 1954, that I last saw the deceased alive on 11/30, 1954, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Vincent P. McCornick D.O.</b>		23b. ADDRESS <b>Ozark, Mo.</b>		23c. DATE SIGNED <b>10/15/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>10/3/1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>DEKLOW Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Mtn. Grove, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>F. W. Gault</b>		ADDRESS <b>Mtn. Grove, Mo</b>	
DATE REC'D BY LOCAL REG. <b>Oct 22, 1955</b>		REGISTRAR'S SIGNATURE <b>Loretta Leonard</b>		5901	

(Licensed Embalmer's Statement on Reverse Side)

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 *Ernest Steffe*.....

Licensed Embalmer No. *316*.....

P. O. Address *Mt. Airy, N.C.*.....

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.