

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013852

STATE FILE NUMBER

FILED MAY 5 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 452

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Douglas					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Ava		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Springfield Baptist Ida			Length of stay in 1b		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Rosa Ethel Lathrop First Middle Last						4. DATE OF DEATH April 26, 1958 Month Day Year			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 7, 1897		9. AGE (In years last birthday) 60 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 Own home		11. BIRTHPLACE (City and state or country) Ava, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Sam Privett			13b. MOTHER'S MAIDEN NAME Nettie Jane Robertson			14. NAME OF HUSBAND OR WIFE Steve 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. None		17. INFORMANT Address Lloyd Lathrop, Ava, Missouri				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetes mellitus Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) with severe acidosis DUE TO (c) —							INTERVAL BETWEEN ONSET AND DEATH 260X		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) —						
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. —			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —						
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE		
21. I attended the deceased from <u>16 June 1954</u> to <u>26 April 58</u> and last saw ^{her} _{him} alive on <u>26 April 58</u> Death occurred at <u>7:30 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Stanley A. Peterson M.D.</i>					22b. ADDRESS Springfield Mo			22c. DATE SIGNED 29 April 58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-30-58		23c. NAME OF CEMETERY OR CREMATORY Ava		23d. LOCATION (City, town, or county) Ava, Missouri			(State)
24. FUNERAL DIRECTOR ADDRESS Clinkingbeard Funeral Home, Ava, Mo. 4-30-58					25. DATE RECD. BY LOCAL REG. 4-30-58		26. REGISTRAR'S SIGNATURE <i>Effie G. Melton</i>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

JUN 17 1958

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 *Lyle C. Shinkinshead*

Licensed Embalmer No. *4830*
P. O. Address *Avon, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.