

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025116

STATE FILE NUMBER

FILED JUL 21 1958

Registration District No. 118

Primary Registration District No. 4189

Registrar's No. 25

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rosebud		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rosebud
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION His Home		Length of stay in 1b 40 yrs.	d. STREET ADDRESS (If outside, give location) ***
3. NAME OF DECEASED (Type or print) First Middle Last Herman George Latall			4. DATE OF DEATH Month Day Year July 14, 1958
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 18, 1887
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	11. BIRTHPLACE (City and state or country) Stolpe, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Carpentering	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles L. Latall		13b. MOTHER'S MAIDEN NAME Wilhelmina Domke	14. NAME OF HUSBAND OR WIFE Lena Latall
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. 489-20-0458	17. INFORMANT Address Mrs. Lena Latall Rosebud, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute myocardial Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>chronic myocarditis</u> DUE TO (c) <u>auricular Fibrillation</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 3 years.
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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.)	
20d. 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>April 13, 1956</u> to <u>July 7, 1958</u> and last saw <u>her</u> alive on <u>July 7, 1958</u> Death occurred at <u>3 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. P. Jay, M. D.</u>		22b. ADDRESS <u>Medical Art &amp; Supply Co.</u>	22c. DATE SIGNED <u>7/15/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 7-17-1958	23c. NAME OF CEMETERY OR CREMATORY Immanuel Lutheran Cem. Rosebud, Mo.
24. FUNERAL DIRECTOR <u>Michael J. H. Hunter</u>		25. DATE RECD. BY LOCAL REG. July 17, 1958	26. REGISTRAR'S SIGNATURE <u>Mrs. Marvina Jappmeyer</u>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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 me....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Millard H. Winters.....

Licensed Embalmer No. 3838

P. O. Address OWEN SUICK

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.