

FILED VS MAR 9 1960

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

-60-009471

STATE FILE NUMBER

Registration District No. 326 Primary Registration District No. \_\_\_\_\_ Registrar's No. 11

V. S. 300  
ev. 1-57

1. PLACE OF DEATH a. COUNTY <u>Scotland</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u>	
b. CITY OR TOWN <u>Gorin 90</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Gorin 0990</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION	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) First Middle Last  
Minnie Katherine Clatt

4. DATE OF DEATH Month Day Year  
March 3, 1960

5. SEX F 6. COLOR OR RACE W 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED  8. DATE OF BIRTH Feb. 23, 1876 9. AGE (In years last birthday) 84 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper 11. BIRTHPLACE (City and state or country) Scotland Co., Mo. 0 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Charles Clatt 13b. MOTHER'S MAIDEN NAME Mary Klingler 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

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. 497-42-0114 17. INFORMANT Ed. Schulz Address Gorin, 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) Chronic myocarditis INTERVAL BETWEEN ONSET AND DEATH 5 yrs  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) chronic glomerulonephritis 3 yrs  
DUE TO (c) arterosclerosis 10 yrs  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221 19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE  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. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb. 16, 1960 to Mar. 3, 1960 and last saw her alive on March 3, 1960  
Death occurred at 5:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. M. Simler (Degree or title) D.O. 2 22b. ADDRESS Gorin, Mo. 22c. DATE SIGNED Mar 5, 1960

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE March 5, 1960 23c. NAME OF CEMETERY OR CREMATORY Pleasant Grove 23d. LOCATION (City, town, or county) (State) Gorin, Missouri

24. FUNERAL DIRECTOR Leola B. Baskin ADDRESS Merwin St 25. DATE RECD. BY LOCAL REG. 3-5-60 26. REGISTRAR'S SIGNATURE Vera E. Purmer

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

Student .....  
Signature of Student Embalmer

Signed *Fred Kertz* .....

Licensed Embalmer No. *4258* .....

P. O. Address *Memphis* .....

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.