No. 300
10.48

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14836

State File No.

BIRTH NO. REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 126

10 3 7

1. PLACE OF DEATH
a. COUNTY: BOONE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COLUMBIA
c. LENGTH OF STAY (in this place): 15 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ELLIS FISCHEL St. CA. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: WRIGHT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN GROVE
d. STREET ADDRESS (If rural, give location): ROUTE # 2

3. NAME OF DECEASED (Type or Print): a. (First) IRENE b. (Middle) MARY c. (Last) LATTIMORE
4. DATE OF DEATH (Month) (Day) (Year): MAY 17, 1949
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED (Specify)~~: MARRIED
8. DATE OF BIRTH: 1-12-1895
9. AGE (In years last birthday): 54 IF UNDER 1 YEAR Months: 4 Days: 5 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: HOME
11. BIRTHPLACE (State or foreign country): ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: EDWARD MANSFIELD
13b. MOTHER'S MAIDEN NAME: ANNA HUNT
14. NAME OF HUSBAND ~~OR WIFE~~: HARRY LATTIMORE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Hospital Record ADDRESS:

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized peritonitis, post-oper. — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Adeno carcinoma of rectum — 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
154X

19a. DATE OF OPERATION: 5-16-49
19b. MAJOR FINDINGS OF OPERATION: Far-advanced-adeno-carcinoma of rectum.
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 2, 1949, *to* May 17, 1949, *that I last saw the deceased alive on* May 17, 1949, *and that death occurred at* 1:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Richard E. Johnson, M.D. (Degree or title)
23b. ADDRESS: Columbia, Missouri
23c. DATE SIGNED: 5-17-49
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 17, 1949
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Mountain Grove, Mo.
DATE REC'D BY LOCAL REG.: May 17 1949
REGISTRAR'S SIGNATURE: Mrs R.E. Palmer
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25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Parker Funeral Service, Columbia Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 26 1949

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 Chas L Waring

Licensed Embalmer No. 4132

P. O. [redacted] Columbia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.