

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12327

State File No. ....

FILED MAY 10 1958

BIRTH NO. 23904-55 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 186

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. CITY OR TOWN <u>Baxter Spgs</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Treeman Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1340 Lincoln 815 8</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Carolyn</u>	b. (Middle) <u>Lattellino</u>	c. (Last) <u>Lattellino</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-30-55</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Inf</u>	8. DATE OF BIRTH <u>4-30-55</u>	9. AGE (In years last birthday) <u>8 1/2</u> IF UNDER 1 YEAR Months <u>8 1/2</u> Days <u>0</u> IF UNDER 12 HRS. Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life) even if retired) <u>Inf</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Inf</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Joplin mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James J Lattellino</u>	13b. MOTHER'S MAIDEN NAME <u>Evelyn Whitaker</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James J. Lattellino</u> ADDRESS <u>Baxter Spgs. Kans.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Immaturity (27 wks)</u>		<u>8 1/2 hrs</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Premature labor due to</u> DUE TO (c) <u>Premature rupture of Membranes</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>776X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-30, 1955, to 4-30, 1955, that I last saw the deceased alive on 4-30, 1955, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John E. Burch M.D.</u>	23b. ADDRESS <u>7 Francis Bldg. Joplin</u>	23c. DATE SIGNED <u>4-30-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-30-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>West of Baxter Spgs. Kans.</u>
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DATE REC'D BY LOCAL REG. <u>5-3-55</u>	REGISTRAR'S SIGNATURE <u>Ced Blamer</u> 138-2	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lance Wene</u> ADDRESS <u>Baxter Spgs. Kans.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Deaths Filed  
MAY 9 1952

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 Wene Funeral Home, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed J. Lane Wene

Licensed Embalmer No. 2880

P. O. Address Boston, Mass.

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.