

Latture

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024533

STATE FILE NUMBER

FILED JUL 25 1958

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 101

300
1-57
0071
0

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Butler RFD#1 007 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Butler Memorial		Length of stay in lb 1 da.	d. STREET ADDRESS (If outside, give location) Summitt Twp. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Anna May Clickner			4. DATE OF DEATH Month Day Year Jul 5 58
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 Nov 27 1894
9. AGE (In years last birthday) 63		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) homemaker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Illinois
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Alfred Perry	
13b. MOTHER'S MAIDEN NAME Mary Scoggins		14. NAME OF HUSBAND OR WIFE Ray Clickner 1924x	
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 Ray Clickner Butler Mo. Rt #1
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute pulmonary edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) left side heart failure DUE TO (c) ACUTE CARDIAC INFARCTION			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours 10 hours.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) 4201	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 7:00 1950 , to July 5 - 58 and last saw him alive on July 5 - 1958 Death occurred at 2:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE L. S. Latture, M.D. (Degree or title)		22b. ADDRESS Butler Missouri	
22c. DATE SIGNED 7/9/58			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 7/8/58	
23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery		23d. LOCATION (City, town, or county) (State) Butler Missouri	
24. FUNERAL DIRECTOR Culver Underwood-Butler Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. July 9-1958	
		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

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

MS JAN 4 1960

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 *John G. Anderson*
Licensed Embalmer No. 3585

P. O. Address Butler Miss

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.