

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16680**
Registrar's No. **25**

BIRTH NO. _____		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 5796		Registrar's No. 25	
1. PLACE OF DEATH a. COUNTY Moniteau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Moniteau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Walker		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Walker			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 mi. N.W. of California				d. STREET ADDRESS (If rural, give location) 4 mi. N.W. of California Mo.			
3. NAME OF DECEASED (Type or Print) ORA		a. (First) ORA		b. (Middle) ESTA		c. (Last) KLATT	
4. DATE OF DEATH May 3 1949		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Oct 12, 1895		9. AGE (In years last birthday) 53		10. MONTHS 6		11. DAYS 21	
12. HOURS 1		13. MIN. 1		14. BIRTHPLACE (State or foreign country) Moniteau Co., Missouri		15. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		17. KIND OF BUSINESS OR INDUSTRY housewife		18. BIRTHPLACE (State or foreign country) Moniteau Co., Missouri		19. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Geo. W. Bratten		13b. MOTHER'S MAIDEN NAME Eliza Ann Bratten		14. NAME OF HUSBAND OR WIFE Herman Klatt			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Dennis A. Klatt		ADDRESS Ex 4201	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7 days 4201	
19a. DATE OF OPERATION 5-5-49		19b. MAJOR FINDINGS OF OPERATION F		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 19, 1949 , to May 3, 1949 , that I last saw the deceased alive on May 2, 1949 , and that death occurred at 6 A m., from the causes and on the date stated above.							
23a. SIGNATURE Benson Latham		b. (Degree or title) MD		23b. ADDRESS California Mo		23c. DATE SIGNED 5-4-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) buried		24b. DATE May 6, 1949		24c. NAME OF CEMETERY OR CREMATORY Crown Hill		24d. LOCATION (City, town, or county) (State) California Mo.	
DATE REC'D BY LOCAL REG. 5-5-49		REGISTRAR'S SIGNATURE H. R. Poppey		25. FUNERAL DIRECTOR'S SIGNATURE A. E. Wilson		ADDRESS California 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
MAY 20 1949
Date Filed

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.

Signed _____

A. E. Wilson

Signed _____
Student Embalmer

Licensed Embalmer No. *2357*

P. O. Address *California Mo*

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