

FILED APR 27 1949

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 13869

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1001 Registrar's No. 3342

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis) U township) c. LENGTH OF STAY (In this place) 20 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital		d. STREET ADDRESS (If rural, give location) Rt. 3	
3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Hiram c. (Last) Jatho			4. DATE OF DEATH (Month) (Day) (Year) April 13 1949
5. SEX Male U	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb, 24, 1895
9. AGE (In years last birthday) 54		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	11. BIRTHPLACE (State or foreign country) Callaway Co, Missouri U
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming	12. CITIZEN OF WHAT COUNTRY? American
13a. FATHER'S NAME Henry Jatho		13b. MOTHER'S MAIDEN NAME Sally Herring	14. NAME OF HUSBAND OR WIFE Virginia Jatho
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. No	17. INFORMANT'S SIGNATURE OR NAME Mrs. Virginia Jatho
17. ADDRESS Fulton, Mo			
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) Brain tumor - Malignant  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 54-6 DUE TO (c) 192X	
19a. DATE OF OPERATION 4-9-49		19b. MAJOR FINDINGS OF OPERATION = Brain tumor, right parietal area	
20. AUTOPSY? YES <input checked="" 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 March 24, 1949, to April 13, 1949, that I last saw the deceased alive on April 13, 1949, and that death occurred at 3:20 Am., from the causes and on the date stated above.			
23a. SIGNATURE David S. Litton		23b. ADDRESS Barnes Hospital	
(Degree or title) M.D.		23c. DATE SIGNED 4/13/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April-15-1949	
24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery		24d. LOCATION (City, town, or county) (State) Fulton, Mo	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 14 1949 Jr B Lassiter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wallace Funeral Home Fulton, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 22 1959

MAY 31 1959

MAY 27 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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton 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.