

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15291  
Registrar's No. 34

BIRTH NO. _____		REG. DIST. NO. <u>340</u>		PRIMARY REG. DIST. NO. <u>4503</u>		Registrar's No. <u>34</u>					
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Stoddard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bernie</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bernie</u>		<u>1030</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home--city</u>				d. STREET ADDRESS (If rural, give location) <u>City</u>				<u>8</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>			b. (Middle) <u>ARTHUR</u>			c. (Last) <u>LATHAM</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 12, 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 21, 1892</u>			
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>21</u>		IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Building Contractor</u>			10b. KIND OF BUSINESS OR INDUSTRY			13a. FATHER'S NAME <u>Wm. R. Latham</u>			13b. MOTHER'S MAIDEN NAME <u>Martha S. Titta</u>		
14. NAME OF HUSBAND OR WIFE <u>Dora Latham</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>Unknown</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Dora Latham</u>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Disease of the Coronary Arteries and Angina Pectoris</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			DUPLICATE TO (b) _____ DUPLICATE TO (c) _____								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4202</u>						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) (Minute)		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 <u>1-18, 1945</u> , to <u>4-6-1951</u> , that I last saw the deceased alive on <u>4-6-1951</u> , and that death occurred at <u>12:05 P.M.</u> from the causes and on the date stated above.											
23a. SIGNATURE <u>F O Kelley D O</u>				(Degree or title)				23b. ADDRESS <u>Bernie, Mo.</u>		23c. DATE SIGNED <u>4-16-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 15, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bernie Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bernie, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>4-21-51</u>		REGISTRAR'S SIGNATURE <u>Delmer D. Burkholder</u>		409		25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home, Campbell, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

APR 24 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

APR 26 1951

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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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Christina M. Landress*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4227

P. O. Address Campbell, Md.

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.