

STANDARD CERTIFICATE OF DEATH

State File No. 26095

FILED SEP 10 1951

BIRTH NO. REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4024 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY Barry 0050		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cassville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cassville 0050	
c. LENGTH OF STAY (in this place) 40 yrs.		d. STREET ADDRESS (If rural, give location) 303 Gravel St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 303 Gravel Street			

3. NAME OF DECEASED (Type or Print) a. (First) Will b. (Middle) H. c. (Last) Lathim			4. DATE OF DEATH (Month) (Day) (Year) Aug. 28, 1951		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 19, 1879	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 30 MIN. Hours	IF UNDER 2 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mail Carrier	10b. KIND OF BUSINESS OR INDUSTRY Postal Dept.	11. BIRTHPLACE (State or foreign country) Lawrence County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John H. Lathim	13b. MOTHER'S MAIDEN NAME Adelia Jones	14. NAME OF HUSBAND OR WIFE Rose L. Lathim
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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'S SIGNATURE OR NAME Rose L. Lathim, Cassville, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	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	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) 331X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Aug 20, 1951, to Aug 28, 1951, that I last saw the deceased alive on Aug. 28, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Glenn T. Dalgov M.D. (Degree or title)	23b. ADDRESS Cassville, Mo.	23c. DATE SIGNED Aug 30-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 30-51	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Cassville, Mo.
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DATE REC'D BY LOCAL REG. Aug 31-1951	REGISTRAR'S SIGNATURE Grace Williams	25. FUNERAL DIRECTOR'S SIGNATURE W.C. Noon	ADDRESS Cassville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1961 ST 100
DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED SEP 4 1961

Dist. File 957-1606
Date Filed 9-6-61

SEP 12 1961

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 *W.C. Koon*

Signed.....
Student Embalmer

Licensed Embalmer No. 4359

P. O. Address *Cassville, 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.