

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. 1243846 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 215

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>BONNE TERRE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>DESOTO</u> <u>0502</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BONNETERRE HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>709 N. 2ND.</u> <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GENE</u> b. (Middle) <u>STEPHEN</u> c. (Last) <u>LATHAM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 16, 1953</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	
8. DATE OF BIRTH <u>JUNE 15 1953</u>		9. AGE (In years last birthday) <u>20</u>		10. 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>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BONNE TERRE Mo.</u>	

13a. FATHER'S NAME <u>JAMES LATHAM</u>		13b. MOTHER'S MAIDEN NAME <u>LOIS DRENNEN</u>		14. NAME OF HUSBAND OR WIFE <u>---</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>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Latham</u>	
				ADDRESS <u>709 N. 3rd St.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity - cause</u> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES <u>under.</u> Morbidity 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.	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>776X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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>June 15, 1953</u> , to <u>June 16, 1953</u> , that I last saw the deceased alive on <u>June 15, 1953</u> , and that death occurred at <u>11 A.M.</u> , from the causes and on the date stated above.					

23a. SIGNATURE (Degree or title) <u>Thorl. Hoffmeyer M.D.</u>		23b. ADDRESS <u>Desoto, Mo.</u>		23c. DATE SIGNED <u>June 16, 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 17 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FLETCHER</u>	
				24d. LOCATION (City, town, or county) (State) <u>FLETCHER Mo.</u>	

DATE REC'D BY LOCAL REG. <u>June 16, 1953</u>		REGISTRAR'S SIGNATURE <u>Gather Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Donnell B. Dietrich</u>	
				ADDRESS <u>Desoto Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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FILED JUN 22 1953

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. \_\_\_\_\_

*Prof. G. S. Williams*

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

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.