No. 300
10.48

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

FILED SEP 4 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28435

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 5549 Registrar's No. 84

1. PLACE OF DEATH
a. COUNTY: Howard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Richmond
c. LENGTH OF STAY (In this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R. R. #3 Howard County Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Howard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Richmond
d. STREET ADDRESS (If rural, give location): R. R. #3

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Edward
c. (Last): Lathom

4. DATE OF DEATH (Month) (Day) (Year): Aug. 26, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12/16/1888
9. AGE (In years last birthday): 64 — If under 1 year: Months 8, Days 10 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ranching
10b. KIND OF BUSINESS OR INDUSTRY: Stock Farming
11. BIRTHPLACE (City and State or Foreign Country): Sundance Wyoming
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Lathom
13b. MOTHER'S MAIDEN NAME: Lucinda Gee
14. NAME OF HUSBAND OR WIFE: Ruth Crook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs James E. Lathom R.R #3 Fayette

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun Shot Wound of Chest — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) accidental

II. OTHER SIGNIFICANT CONDITIONS: E9190 19

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 ☐ NO ☐

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~: Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP): Fayette (COUNTY): Howard (STATE): Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Accidental shot-gun Wound

22. *I hereby certify that I attended the deceased from* Aug 26, 1953 *to* 8-26, 1953, *that I last saw the deceased alive on* 8-26, 19 53, *and that death occurred at* 1:15 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE: W. A. Sloan (Degree or title): M.D.
23b. ADDRESS: Fayette Mo
23c. DATE SIGNED: 8-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8/27/1953
24c. NAME OF CEMETERY OR CREMATORY: Moore Croft Cemetery
24d. LOCATION (City, town, or county) (State): Moore Croft Wyoming

DATE REC'D BY LOCAL REG.: 8-26-53
REGISTRAR'S SIGNATURE: Mary L. Shellor 436
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Ralph A. Carr, Fayette, Mo.

(Licensed Embalmer's Statement on Reverse Side)

SEP 11 [illegible]

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 Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.