

State File No. **26108**  
Registrar's No. **28**

FILED AUG 4 - 1954

BIRTH NO. _____		REG. DIST. NO. <u>517</u>		PRIMARY REG. DIST. NO. <u>5540</u>		Registrar's No. <u>250</u>	
1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Worth Missouri</u>		c. LENGTH OF STAY (In this place) <u>All of life</u>		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>Worth Missouri</u> <u>1130</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>No Street Address</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nettie</u> b. (Middle) <u>n</u> c. (Last) <u>Lathrum</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>July 26 1954</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 26-1868</u>	
9. AGE (In years last birthday) <u>86</u>		10. UNDER 1 YEAR Months <u>1</u> Days <u>0</u>		11. ORDER in hrs. Hours <u></u> Mins. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>							
13a. FATHER'S NAME <u>Henry Beers</u>				13b. MOTHER'S MAIDEN NAME <u>Maudie Dickerson</u>		14. NAME OF HUSBAND OR WIFE <u>Milton L. Lathrum</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Blanch Wallace Worth</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>Carcinoma of stomach</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anemia</u> 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 <u>151 X</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>Jan 1</u> , 19 <u>54</u> , to <u>July 26</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>July 26</u> , 19 <u>54</u> , and that death occurred at <u>6 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. N. Williamson, D.D.</u>				23b. ADDRESS <u>Bentley Mo</u>		23c. DATE SIGNED <u>July 26-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 28-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barnes Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Worth Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-29-1954</u>		REGISTRAR'S SIGNATURE <u>John E. Dawson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Anderson</u>		ADDRESS <u>Grant City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

**WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD**

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NEW YORK  
STATE  
DEPT. OF HEALTH  
BUREAU OF VITAL STATISTICS  
ALBANY, N. Y.

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 \_\_\_\_\_

John Andrews Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed John Andrews

Licensed Embalmer No. 4211

P. O. Address Grant City 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.