

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3571**

FILED JAN 28 1957

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6201 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Manes Rural Van Buren</u>	c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY OR TOWN <u>Manes</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>P.F.D. # I</u>		e. STREET ADDRESS (If rural, give location) <u>P.F.D. # I 1140</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <u>James</u>	b. (Middle) <u>Silas</u>	c. (Last) <u>Lathram</u>	<u>January 12, 1957</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>September 3, 1880</u>	9. AGE (years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Tayborn, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Henry Lathram</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Kreider</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs Nora Lathram</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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Nora Lathram, Manes, Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>30 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES 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. <u>Diabetes Mellitus</u>		2 years.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<u>4201</u>

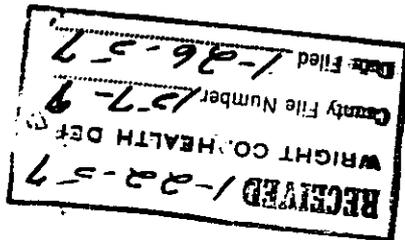
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1955, to Jan 9, 1957, that I last saw the deceased alive on Jan 9, 1957, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold Lloyd Jones</u>	23b. ADDRESS <u>Cabool Mo</u>	23c. DATE SIGNED <u>1/16/57</u>
---	----------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/16/1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Mountain Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Green Mountain, Missouri</u>
DATE REC'D BY LOCAL REG. <u>1-29-57</u>	REGISTRAR'S SIGNATURE <u>Edith A. Bridges</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul Barber Mrs. Brown, Mrs</u>	

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



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.....
Signature of Student Embalmer

Signed *George Stapp*

Licensed Embalmer No. *3161*

P. O. Address *Mt. Grove, Pa.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.