

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006002
STATE FILE NUMBER

FILED MAR 14 1958

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 112

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY OR TOWN <u>Independence</u> <small>(If outside corporate limits, give TOWNSHIP only)</small> | | c. CITY OR TOWN <u>Independence</u> <small>(If outside, give location)</small> | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Indep. Hospital</u> | | d. STREET ADDRESS <u>620 Lakeview</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Raymond</u> Middle <u>O.</u> Last <u>Latham Sr</u> | | 4. DATE OF DEATH Month <u>March</u> Day <u>2</u> Year <u>1958</u> | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Oct-21-1909</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Car assembly</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>car manny</u> | 11. BIRTHPLACE (City and state or country) <u>Independence, Mo</u> |
| 10c. FATHER'S NAME <u>Robert Latham</u> | | 10d. MOTHER'S MAIDEN NAME <u>Laura Beauclouson</u> | 10e. NAME OF HUSBAND OR WIFE <u>Bernice Latham</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>487-09-4370</u> | 17. INFORMANT <u>Bernice Latham</u> Address <u>620 Lakeview</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia lobular</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Lymphocytic leukemia, chronic</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>2040</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>> 6 years</u> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY _____ STATE _____ |
| 21. I attended the deceased from <u>2-12-58</u> to <u>3-2-58</u> and last saw <u>him</u> alive on <u>3-2-58</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Norman Mabson M.D.</u> | | 22b. ADDRESS <u>10901 Winner Rd.</u> | 22c. DATE SIGNED <u>3-4-58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Mar. 4-1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mount Grove</u> | 23d. LOCATION (City, town, or county) (State) <u>Independence, Mo</u> |
| 24. FUNERAL DIRECTOR <u>Roland P. Spears</u> ADDRESS <u>Indep.</u> | | 25. DATE RECD. BY LOCAL REG. <u>3-4-58</u> | 26. REGISTRAR'S SIGNATURE <u>JAMES [Signature]</u> |

(Licensee - Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. All diseases in Part I must be causally related.

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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 *Roland P. Spear*

Licensed Embalmer No. *3604*
P. O. Address *Indep. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.