

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031458

STATE FILE NUMBER

FILED AUG 22 1958

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 156

300
1-57

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|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Scott | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Scott | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Sikeston 10000 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Community Hosp. | | Length of stay in lb 3 days | d. STREET ADDRESS (If outside, give location) R.R. 1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Clarence Middle Ross Last Latham | | | 4. DATE OF DEATH Month 8 Day 9 Year 1958 | | | |
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| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 3-5-1892 | 9. AGE (In years last birthday) 66 | IF UNDER 1 YEAR Months 5 Days 4 | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter | | 10b. KIND OF BUSINESS OR INDUSTRY Contractor | 11. BIRTHPLACE (City and state or country) Kentucky | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Jackson Latham | | 13b. MOTHER'S MAIDEN NAME Mary Jane Townsend | 14. NAME OF HUSBAND OR WIFE Laura Thurmond Latham | |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, state dates of service) NO | | 16. SOCIAL SECURITY NO. 493-26-5556 | 17. INFORMANT Mrs. Laura Ross Latham, Sikeston, Mo. R.R. 1 Address | |
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| 18. CAUSE OF DEATH (Enter only one cause for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruptured Aortic Aneurysm Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic Cardiovascular disease DUE TO (c) disease | | | INTERVAL BETWEEN ONSET AND DEATH 451X |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) | |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | | 20f. CITY, TOWN, OR LOCATION Sikeston | | COUNTY Scott | STATE Mo. |
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| 21. I attended the deceased from 8-7-58 to 8-9-58 and last saw her alive on 8-9-58 Death occurred at 6:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | |
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| 22a. SIGNATURE (Degree or title) Edgar D. Sargent M.D. | | 22b. ADDRESS Sikeston, Missouri | | 22c. DATE SIGNED 8-10-58 |
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| 23a. BURIAL, CREMATION, etc. (Specify) Burial | 23b. DATE 8-11-58 | 23c. NAME OF CEMETERY OR CREMATORY Garden of Memories | 23d. LOCATION (City, town, or county) (State) Sikeston, Missouri |
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| 24. FUNERAL DIRECTOR Phyllis Crook Nunnelee Funeral Chapel Sikeston | | 25. DATE RECD. BY LOCAL REG. 8-13-58 | 26. REGISTRAR'S SIGNATURE Miss Ella Hunter |
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All diseases in Part I must be causally related.
 Only one cause of death may be stated. All diseases in Part I must be causally related.
 All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

DATE RECEIVED 8-18-58 9981 34 901

SCOTT CO. HEALTH DEPT.

CO. FILE No. 858-202

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 Philip J. Cassidy

Licensed Embalmer No. 4618

P. O. Address Skutan, 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.