

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-026732

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1185

FILED AUG 6 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0397
2 0390
3 2
4 0
5 0
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7 0
8 0
9 9103
10 5
11 133
12 1-0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SPRINGFIELD</u>		Length of stay in 1b	c. CITY OR TOWN <u>WILLARD</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BURGE HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R.F.D. # 2</u>
3. NAME OF DECEASED (Type or print) First <u>ROBERT</u> Middle <u>EUGENE</u> Last <u>LATHAM</u>		4. DATE OF DEATH Month <u>AUG.</u> Day <u>2</u> , Year <u>1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-19-1944</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HARDWOOD Co.</u>	9. AGE (last birthday) <u>18</u>
11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>EUGENE LATHAM</u>		13b. MOTHER'S MAIDEN NAME <u>GEORGIA McCRUM</u>	14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT Address <u>EUGENE LATHAM (FATHER) WILLARD, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive Contusions of Brain</u> DUE TO (b) <u>Skull Fracture</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Boxcar door shut on head accidentally</u>	
20c. TIME OF INJURY Hour <u>4:30</u> Month, Day, Year <u>7-30-62</u>			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>FACTORY</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>SPRINGFIELD GREENE Mo.</u>
21. I attended the deceased from <u>7-30-62</u> to <u>8-2-62</u> and last saw him alive on <u>8-2-62</u> Death occurred at <u>11:20</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Don E. Marchetti, MD</u>		22b. ADDRESS <u>1630 N. JEFFERSON SPRINGFIELD, Mo.</u>	22c. DATE SIGNED <u>8-2-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8-6-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ROBERSON PRAIRIE</u>	23d. LOCATION (City, town, or county) (State) <u>GREENE COUNTY, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>KLINGNER'S SPCFD. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-3-62</u>	26. REGISTRAR'S SIGNATURE <u>Effie S. Melton</u>

Print name 8-3-64

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 Glen D Williams

Licensed Embalmer No. 4656

P. O. Address Springfield 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.