

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4227

State File No.

BIRTH NO.		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH a. COUNTY <u>COLE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California Mo</u>		<u>0681</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warwick Village</u>				d. STREET ADDRESS (If rural, give location) <u>109 N. High</u>			
3. NAME OF DECEASED a. (First) <u>Logan</u> b. (Middle) <u>LANCASTER</u> c. (Last) <u>LATHAM</u> (Type or Print) <u>LANK</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 11 1951</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>July 23 1882</u>	
9. AGE (In years last birthday) <u>68</u>		10. MONTH <u>6</u> DAY <u>18</u>		11. BIRTHPLACE (State or foreign country) <u>Moniteau Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Physician</u>		10b. KIND OF BUSINESS OR INDUSTRY					
13a. FATHER'S NAME <u>Peter Latham</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen English</u>		14. NAME OF HUSBAND OR WIFE <u>Effie Latham</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>1st World War</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Effie Latham California 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 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) <u>History of Heart Attacks</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs</u> <u>4/201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. AGENT <u>SUCKER</u> <u>HOMICIDE</u> (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) m. <u>11:00</u>		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 <u>Dead when I arrived</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2/14/51</u> , 19 <u>51</u> , and that death occurred at <u>3 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Leslie M.D. Coroner</u> (Degree or title)		23b. ADDRESS <u>Jefferson City Mo</u>		23c. DATE SIGNED <u>2-11-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/14/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cem</u>		24d. LOCATION (City, town, or county) (State) <u>California Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 12-1951</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Williams Fun. Home California Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2-17-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2-17-51

FEB 21 1951

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed NE Friedman

Signed _____
Student Embalmer

Licensed Embalmer No. 2854

P. O. Address California 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. }
County of Cole } ss.

State File No. 4227/57
Local Registrar's No. 37

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 21st day of February, 1951, before me appears Mr. Richard P. Mac Leish, who, upon his oath, states that the original record of ^{birth} death for Logan Lancaster Latham, died Feb. 11, 1951, in the State of Missouri, and which was filed at Jefferson City Mo. on Feb. 19, 1951, should be corrected as follows:

Item No. 3 should read Logan Lancaster Latham
Instead of Lank Lancaster Latham

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Richard P. Mac Leish in Law
Relationship. California, Mo.
Present Address.

Subscribed and sworn to before me this 21st day of February, 1951.

My Commission expires September 13, 1953 Betty Lou Chapman Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

FEB 21 1959