

FILED MAY 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12741

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3046</u>		Registrar's No. <u>57</u>	
1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>			
b. CITY OR TOWN <u>California</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>California</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>0691</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>TALIFERRO</u>		c. (Last) <u>LATHAM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 2 1954</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>April 18 - 1879</u>	
9. AGE (In years last birthday) <u>75</u>		10. MONTHS <u>0</u>		11. DAYS <u>14</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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 <u>no.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Latham Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Dr. H. W. Latham</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Taliferro</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Latham</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. William Latham</u> ADDRESS <u>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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</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>6 days</u> <u>10 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <u>Aug 15, 1953</u> , to <u>May 2, 1954</u> , that I last saw the deceased alive on <u>May 1, 1954</u> , and that death occurred at <u>11 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Perryon Latham M.D.</u>		23b. ADDRESS <u>California Mo</u>		23c. DATE SIGNED <u>5-5-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-4-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>California Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-7-54</u>		REGISTRAR'S SIGNATURE <u>Helen Papen</u> <u>506</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh E. Williams</u> ADDRESS <u>California Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 35

P. O. Address California

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.