

REC'D APR 11 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

11609

Do not use this space.

1. PLACE OF DEATH

(a) County MONTEAULT Registration District No. 577  
(b) Township P.O. GROVE Primary Registration District No. 5775  
(c) City LATHAM, MO (d) Street No. 7  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 500 Elvir Morgan Bayne St. LATHAM, MO  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ANNE E. FULKS  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19-1870  
7. AGE YEARS 68 MONTHS 5 DAYS 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Monteault County  
(STATE OR COUNTRY) MISSOURI

13. NAME Samuel Bayne  
14. BIRTHPLACE (CITY OR TOWN) Penn  
(STATE OR COUNTRY)

15. MAIDEN NAME Emma A. Lybarts  
16. BIRTHPLACE (CITY OR TOWN) Penn  
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. Elvir Bayne  
LATHAM, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Wood Cemetery DATE April 2, 1939

19. FUNERAL DIRECTOR (ADDRESS) W. F. Tidwell  
Versailles, Missouri

20. FILED 4-1 1939 Madeline Latham  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Occasionally, 1930, to 1939  
I last saw him alive on about Feb 1st, 1939. Death is said to have occurred on the date stated above, at 12 noon.  
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset  
Found dead in barn. Had a long history of Angina pectoris attacks. I have known of his condition + treated him at intervals for just 10 years. Saw body 1 hour after death.  
Other contributory causes of importance: known of his condition + treated him at intervals for just 10 years. Saw body 1 hour after death.  
Name of operation none Date of 94  
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury 19  
Where did injury occur? none (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ---  
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify (Signed) L. D. Latham, M. D.  
(Address) California, Mo

STATEMENT BY LICENSED EMBALMER

I, Gene Partman, Licensed Embalmer No. 4021

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. .... or by .....  
working under my personal supervision.

Signed Gene Partman Registered Apprentice No. ....  
Licensed Embalmer No. 4021

**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.)**