

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0024835

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 28

1. PLACE OF DEATH

a. COUNTY

Moniteau

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

California

Length of stay in 1b

3 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Latham Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Moniteau

c. CITY
OR
TOWN

California

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

105 East South St

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

EFFIE

BARTON

LATHAM

4. DATE
OF
DEATH

June

11

1966

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10-5-1886

9. AGE (last birthday)

79

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

8 6

12. CITIZEN OF WHAT COUNTRY

U.S.A.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

California

Mo.

13a. FATHER'S NAME

Louis Barton

13b. MOTHER'S MAIDEN NAME

Francis Klingner

14. NAME OF HUSBAND OR WIFE

Ph. L. L. Latham, M.D.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

489-50-0983

17. INFORMANT

Mrs. R. P. Mac Leish 3613 S. Narcissus Way
Denver, Colo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac Failure

INTERVAL BETWEEN
ONSET AND DEATH

Two months

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Coronary Vascular Disease

DUE TO (c)

Arteriosclerosis

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.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour a.m.
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 5 1966 to June 11 1966 and last saw her alive on June 11 1966
Death occurred at 7:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Edgar A. Kibbs M.D.

22b. ADDRESS

California Mo.

22c. DATE SIGNED

6/13/66

23a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

6-14-1966

23c. NAME OF CEMETERY OR CREMATORY

Maroon

23d. LOCATION (City, town, or county)

California

23e. STATE

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Wilson Funeral Home, California, Mo.

25. DATE RECD. BY LOCAL REG.

6-14-66

26. REGISTRAR'S SIGNATURE

Helen P. Joppey

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

DATE AMENDED

1 0681

2 0681

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13 1-0

JUN 24 1966

NOV 17 1967

JAN 13 1967

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 A. E. Wilson

Licensed Embalmer No. 2351

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.