

FILED AUG 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23104**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **709**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD	
c. LENGTH OF STAY (in this place) 50 YRS		d. STREET ADDRESS (If rural, give location) 2053 N. PROSPECT	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2053 N. PROSPECT		d. STREET ADDRESS (If rural, give location) 2053 N. PROSPECT	
3. NAME OF DECEASED (Type or Print) a. (First) EURA b. (Middle) MAUDE c. (Last) LATIMER			4. DATE OF DEATH (Month) (Day) (Year) AUG. 9, 1949
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 18 FEB. 1870
9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY IN HOME	11. BIRTHPLACE (State or foreign country) MISSOURI
12. CITIZENRY OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME WILLIAM HAYMES		13b. MOTHER'S MAIDEN NAME MARY MARLIN	14. NAME OF HUSBAND OR WIFE LEE LATIMER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ROY LATIMER (SON) SPRINGFIELD, Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage, Right ANTECEDENT CAUSES Cerebral Arteriosclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Hypertensive Cardiovascular disease II. OTHER SIGNIFICANT CONDITIONS. MI Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 28 May 1949 to 9 August, 1949 , that I last saw the deceased alive on 9 August, 1949 , and that death occurred at 1:38 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Paul C. Norton, M.D.		23b. ADDRESS 1630 N. Jefferson, Springfield, Mo.	23c. DATE SIGNED 9 Aug 1949
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8-10-49	24c. NAME OF CEMETERY OR CREMATORIUM PLEASANT VIEW	24d. LOCATION (City, town, or county) (State) Webster Co. Mo.
DATE REC'D BY LOCAL REG. 8-9-49	REGISTRAR'S SIGNATURE W.E. Handley, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W. Klingner & Co. SPGFD Mo.	

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
Student Embalmer

Signed

Max Rhodes

Licensed Embalmer No.

4071

P. O. Address

Springfield

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.