

FILED JUN 29 1950

STANDARD CERTIFICATE OF DEATH

State File No. 20583

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 272

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Independence		c. CITY (If outside corporate limits, write RURAL and give township) Independence	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1811 Vermont		d. STREET ADDRESS (If rural, give location) 1811 Vermont	

3. NAME OF DECEASED (Type or Print) CHARLES H LATIMER			4. DATE OF DEATH (Month) (Day) (Year) June 19 1950		
5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 1, 1885		9. AGE (In years last birthday) Months Days 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe fitter		10b. KIND OF BUSINESS OR INDUSTRY x	11. BIRTHPLACE (State or foreign country) Cabool, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME John Warren Latimer		13b. MOTHER'S MAIDEN NAME Rachel Eilander		14. NAME OF HUSBAND OR WIFE Gertrude E. Latimer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No x		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Bertha Vansittert, 2720 Westport Road	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) High Blood Pressure		ANTECEDENT CAUSES Coronary Occlusion			4201
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) High Blood Pressure			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS 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)		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 **June 19, 1950** to _____, 19____, that I last saw the deceased alive on **June 17, 1950**, and that death occurred at **7:30A.**, from the causes and on the date stated above.

23a. SIGNATURE A. Rockwell M.D.		23b. ADDRESS 11037 Wiggins Rd.		23c. DATE SIGNED 6-19-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 21, 1950		24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. June 28-1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS WILKS FUNERAL HOME 2315 Linwood K.C.3 Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 26 RECD

Dr. S. J. Corkerell
11037 Wainwright road
Cl 8838

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 *Chas E. Weeks*

Signed
Student Embalmer

Licensed Embalmer No. *2644*

P. O. Address *Ke. 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.