

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **30011**

FILED OCT 2 1950

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **846**

1. PLACE OF DEATH a. COUNTY CRICENT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) GROVE SPRING (RURAL) UNION	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Springfield Baptist Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) AVERY c. (Last) LATIMER			4. DATE OF DEATH (Month) (Day) (Year) Sept 25 1950		
5. SEX MO	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH JAN, 28, 1877	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR: Months 9 Days 27 IF UNDER 1 HRS. Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) ILL.	
13a. FATHER'S NAME JAMES LATIMER		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE CLARA E LATIMER	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Clara E Latimer ADDRESS Grove Spring Missouri	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Pneumonia, left, Broncho, ed		INTERVAL BETWEEN ONSET AND DEATH 4200	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION None		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 **13 Sept, 1950**, to **25 Sept, 1950**, that I last saw the deceased alive on **25 Sept, 1950**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Stanley Peterson MD (Degree or title)		23b. ADDRESS Springfield, Missouri		23c. DATE SIGNED 25 Sept 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 27 50		24c. NAME OF CEMETERY OR CREMATORY Shady	
24d. LOCATION (City, town, or county) (State) Near Grove Springs Mo		25. FUNERAL DIRECTOR'S SIGNATURE Gene E Holden ADDRESS Hartsville Mo			
DATE REC'D BY LOCAL REG. 9-27-50		REGISTRAR'S SIGNATURE W E Handley MD		L 111	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*10296
11101*

MAR 4 1961

APR 15 1961

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.

Signed Gene E. Holden

Signed.....
Student Embalmer

Licensed Embalmer No. 3865

P. O. Address Hastwille, 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.