

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3639

| | | | | | | | | | |
|---|--|--|--|---|-------------|---|-------------------|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 373 | | PRIMARY REG. DIST. NO. 6267 | | Registrar's No. 9 | | | |
| 1. PLACE OF DEATH a. COUNTY WEBSTER | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY WEBSTER | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) RURAL - Jackson | | c. LENGTH OF STAY (In this place) 32 yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) RURAL - Jackson | | 1120 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION MARSHFIELD, MO. R. #1 | | | | d. STREET ADDRESS (If rural, give location) MARSHFIELD, MO. R. #1 | | | | | |
| 3. NAME OF DECEASED (Type or Print) GEORGE | | | a. (First) | | b. (Middle) | | c. (Last) LATIMER | | |
| 4. DATE OF DEATH | | (Month) (Day) (Year) | | JAN. 19 1951 | | | | | |
| 5. SEX MALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH JULY 15, 1880 | | | |
| 9. AGE (In years last birthday) 70 | | IF UNDER 1 YEAR Months Days | | IF UNDER 1 WKS. Hours 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) CABOOL, MO. | | | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME ROBERT LATIMER | | 13b. MOTHER'S MAIDEN NAME MARTHA LAWS | | 14. NAME OF HUSBAND OR WIFE EFFIE MAY LATIMER | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME EFFIE MAY LATIMER | | ADDRESS HOME | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of lung. Primary ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Vascular Hypertension; Generalized Arteriosclerosis | | | | INTERVAL BETWEEN ONSET AND DEATH About a year 163X Several years | |
| 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) (Minute) | | 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 _____, 19____, to JAN. 19, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00 P. m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE C.P. Macdonald, M.D. | | | | 23b. ADDRESS (Degree or title) Marshfield, Mo. | | 23c. DATE SIGNED 1/20/51 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | | 24b. DATE 1-21-51 | | 24c. NAME OF CEMETERY OR CREMATORY ST. LUKE CEMETERY | | 24d. LOCATION (City, town, or county) (State) WEBSTER MO. | | | |
| DATE REC'D BY LOCAL REG. Jan. 1-1951 | | REGISTRAR'S SIGNATURE J. Francis 392 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BARBER-BARTO FUNERAL HOME | | | | | |

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

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DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED FEB 5 1951

Dist. File 257-297

Date Filed 2-5-51

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 Lee Mason.....

Licensed Embalmer No. 456 P.....

P. O. Address Marshfield, 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.