

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24538Registrar's No. 3223

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3223</u>			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>0 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3701 JEFFERSON</u>				d. STREET ADDRESS (If rural, give location) <u>3701 JEFFERSON 3188</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>LENA</u>			b. (Middle)		c. (Last) <u>LATIMER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 - 15 - 52</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW 2</u>		8. DATE OF BIRTH <u>Aug. 22, 1862</u>		9. AGE (In years last birthday) <u>89</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 10 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>SOLOTHURN, SWITZERLAND 5</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>RUDOLPH BERGER</u>			13b. MOTHER'S MAIDEN NAME <u>MAGDELENE SHORE</u>		14. NAME OF HUSBAND OR WIFE <u>LOUIS N. LATIMER</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MISS CHLOE PETERSON- 3701 JEFFERSON</u>				
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) <u>Heart failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive pneumonia</u> DUE TO (c) <u>chronic valvular disease</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Sanity</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>years</u> <u>4214</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>1950</u> , to <u>7-15</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7-14</u> , 19 <u>52</u> , and that death occurred at <u>3:00 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Esther Winkelman MD</u> (Degree or title)				23b. ADDRESS <u>7449 Broadway K.C.Mo</u>		23c. DATE SIGNED <u>7-15-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>5</u>		24b. DATE <u>7-15-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ATHELSTAN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>INDUSTRY, KANSAS</u>				
DATE REC'D BY LOCAL REG. <u>7-16-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE &amp; MC CLURE</u>		ADDRESS <u>KANSAS CITY, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

*Dr. E. H. ...  
Winkelman  
7449 Broadway*

**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 *George P. Trammell*  
Licensed Embalmer No. *4425*  
P. O. Address *Kansas City, 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.