No. 300
10-48

FILED AUG 31 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28589

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5989 Registrar's No. 53

860
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Putnam
b. CITY OR TOWN (If outside corporate limits write RURAL and give township): Rural-Grant Tp
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Livonia Mo

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Mo
b. COUNTY: Putnam
c. CITY OR TOWN: Rural
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): LIVONIA MO. 0860

3. NAME OF DECEASED (Type or Print)
a. (First): LEONARD
b. (Middle): PARKER
c. (Last): LATIMER

4. DATE OF DEATH (Month) (Day) (Year): Aug 17, 1954

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: Feb 22-1869
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 5 Days 25 — IF UNDER 24 HRS.: 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: self
11. BIRTHPLACE (City and State or Foreign Country): Putnam Co Mo
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Jeremiah LATIMER
13b. MOTHER'S MAIDEN NAME: LAMIRA KIMM
14. NAME OF HUSBAND OR WIFE: Susan M. Latimer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Chester Latimer — ADDRESS: Livonia, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic myocarditis — years
DUE TO (c): arteriosclerosis & hypertension — year

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: 443 X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 10, 1953 *to* Aug 17, 1954, *that I last saw the deceased alive on* Aug 17, 1954, *and that death occurred at* 6 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas. L. Judd DO
23b. ADDRESS: Amoneville Mo
23c. DATE SIGNED: 8/17/54

24a. BURIAL, CREMATION, REMOVAL (Specify): B.
24b. DATE: Aug 19, 54
24c. NAME OF CEMETERY OR CREMATORY: LATIMER Cem
24d. LOCATION (City, town, or county) (State): Putnam Co Mo

DATE REC'D BY LOCAL REG.: 8-28-54
REGISTRAR'S SIGNATURE: Marvell Durbin 266-0
25. FUNERAL DIRECTOR'S SIGNATURE: F.O. Husted & Son — ADDRESS: Amoneville Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.