

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **36424**

FILED DEC 5 1955

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>148</u>			
1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>DUNKLIN</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KENNETT</u>		c. LENGTH OF STAY (In this place township) <u>2 1/2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KENNETT</u>		d. STREET ADDRESS (If rural, give location) <u>905 EAST BAKER DR.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>905 EAST BAKER DR.</u>				d. STREET ADDRESS (If rural, give location) <u>905 EAST BAKER DR.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDDIE</u>			b. (Middle) <u>F.</u>		c. (Last) <u>LATIMER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 17 1955</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>OCT 3, 1872</u>		9. AGE (In years last birthday) <u>83</u> If under 1 year: Months _____ Days _____ If under 24 hrs.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER-RETIRED</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>TEXAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE _____			
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 <u>L. E. Baker</u>			ADDRESS <u>Kennett Mo.</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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs.</u>	
				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.				<u>177x</u>	
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) _____		21d. (COUNTY) _____		21e. (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 <u>June 15, 1954</u> to <u>Nov. 17, 1955</u> , that I last saw the deceased alive on <u>Nov. 17, 1955</u> , and that death occurred at <u>11 A. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Charles H. Summers</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Kennett Mo</u>			23c. DATE SIGNED <u>11/18/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>Nov. 18, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calm</u>		24d. LOCATION (City, town, or county) <u>WACO-</u>		24e. (State) <u>TEXAS</u>	
DATE REC'D BY LOCAL REG. <u>11-18-1955</u>		REGISTRAR'S SIGNATURE <u>Carl Huskard</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>BALDWIN FUNERAL SERVICE INC</u>		ADDRESS <u>KENNETT MO.</u>		

RECEIVED, DUNK
DEPARTMENT ...
COUNTY FILE NO

DEC 6 1952

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 Lyman A. Pennington
Licensed Embalmer No. 4969

P. O. Address Fenneth, N.C.

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

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