

FILED MAY 31 1956

STANDARD CERTIFICATE OF DEATH

State File No. 16451

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2108	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN KANSAS CITY		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL				e. STREET ADDRESS (If rural, give location) 5706 OLIVE STREET			
3. NAME OF DECEASED (Type or Print) a. (First) ELMER		b. (Middle) ALLEN		c. (Last) LATIMER		4. DATE OF DEATH (Month) (Day) (Year) MAY 11, 1956	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 1886 MAY 30 - 1888	
9. AGE (In years last birthday) 69		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EMPLOYEE		10b. KIND OF BUSINESS OR INDUSTRY U.S. GOVERNMENT		9. AGE (In years last birthday) Months Days IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.	
11. BIRTHPLACE (City and State or Foreign Country) JACKSON COUNTY MO.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME CHESTER LATIMER		13b. MOTHER'S MAIDEN NAME ELIZABETH HARRAH		14. NAME OF HUSBAND OR WIFE ELOISE A. LATIMER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS. ELOISE A. LATIMER 5706 OLIVE ST. KANSAS CITY, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Coronary Thrombosis DUE TO (c) Generalized Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7 days 7 days 1 year 4201	
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) none		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) none		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 5-4, 1956, to 5/11, 1956, that I last saw the deceased alive on 5/10, 1956, and that death occurred at 7:20 A.M., from the causes and on the date stated above.							
23a. SIGNATURE James W. Downey (Degree or title) D				23b. ADDRESS 425 E 63rd K.C. Mo		23c. DATE SIGNED 5/11/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 15-56		24c. NAME OF CEMETERY OR CREMATORY Mt. MORIAH CEM.		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG 5-15-56		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS A. H. Newcomer's Sons 1301 BRUSH CREEK KANSAS CITY, MO.			

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

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 481
P. O. Address KCM

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.