

FILED SEP 24 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34672

STATE FILE NUMBER

Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 40

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Wright</u>	
b. CITY OR TOWN (If outside corporate limits give TOWNSHIP only) <u>Wright, MO</u>		c. CITY OR TOWN <u>Wright, MO</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Oakland Ave</u>		d. STREET ADDRESS (If outside city location) <u>W. Oakland</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ELWOOD KARL LATIMER</u>		4. DATE OF DEATH Month Day Year <u>SEP 12 1957</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MARCH 11 1902</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>		11. BIRTHPLACE (City and state or country) <u>AUGUSTA, GA.</u>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>AUGUSTUS D. LATIMER</u>		13b. MOTHER'S MAIDEN NAME <u>GALLIE G. FUHRER</u>	
14. NAME OF HUSBAND OR WIFE <u>ISMAEL LATIMER</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>427-70-5609</u>		17. INFORMANT Address <u>Mrs Ismael Latimer, W. Gray</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u> DUE TO (b) <u>Bronchial Asthma</u> DUE TO (c) <u>Pulmonary Emphysema</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic Myocarditis w/ Cardiac Hypertrophy</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>7 years</u> <u>10 years</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at <u>June 1, 1956</u> to <u>Sept 12, 1957</u> and last saw him alive on <u>Sept 12, 1957</u> <u>11:15 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Richard G. Mitchem D.O.</u>		22b. ADDRESS <u>W. Gray, MO.</u>	
22c. DATE SIGNED <u>9-14-57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
23b. DATE <u>9-15-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Magnolia</u>	
23d. LOCATION (City, town, county) (State) <u>Augusta, Ga.</u>		24. FUNERAL DIRECTOR <u>Leadb. Wead</u>	
24. ADDRESS <u>W. Gray</u>		25. DATE RECD. BY LOCAL REG. <u>9-14-57</u>	
26. REGISTRAR'S SIGNATURE <u>A. G. Jones</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Date Filed 9-21-57  
Number 121-104

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 *Frank Stable* .....

Licensed Embalmer No. *440* .....  
P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.