Health, Welfare Public Service

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FILED MAR 3 - 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-005658
STATE FILE NUMBER 666

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hosp. — Length of stay in 1b 51 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 4317 Highland (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Karl Middle: Last: Latta

4. DATE OF DEATH Month: Feb. Day: 6. Year: 1958

5. SEX Male

6. COLOR OR RACE Cauc.

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH April 5, 1885

9. AGE (In years last birthday) 72 — 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) Printer

10b. KIND OF BUSINESS OR INDUSTRY Printing

11. BIRTHPLACE (City and state or country) Garden Grove Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME A. H. Latta

13b. MOTHER'S MAIDEN NAME Mattie Crow

14. NAME OF HUSBAND OR WIFE Bertha A. Latta

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 486-09-6247

17. INFORMANT Mrs. Bertha A. Latta Address 4317 Highland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Arteriosclerotic Heart Disease Heart Failure	3 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral embolism. from.	1 mk.
DUE TO (c)	Mural Thrombus. LT Ventricular wall.	[illegible]

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1956 to Feb 6 58 and last saw her/him alive on Feb 6 58
Death occurred at 7:25 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A W Robinson (Degree or title) MD.

22b. ADDRESS 4635 Wyandotte

22c. DATE SIGNED 2-7-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Feb 8, 1958

23c. NAME OF CEMETERY OR CREMATORY Memorial Park

23d. LOCATION (City, town, or county) Kansas City (State) Missouri

24. FUNERAL DIRECTOR Troost Muehlebach ADDRESS 6800

25. DATE RECD. BY LOCAL REG. 2-8-58

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

A.W. Robinson

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 [signature] .....

Licensed Embalmer No. 4997

P. O. Address K-C-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.