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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-012962

STATE FILE NUMBER

FILED APR 20 1959 Registration District No. 128 Primary Registration District No. 2003 Registrar's No. 392

1. PLACE OF DEATH a. COUNTY GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD MO — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MERCY Hosp — Length of stay in 1b 14 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WEBSTER
c. CITY OR TOWN MARSHFIELD MO — Inside Limits Yes [X] No [ ]
STREET ADDRESS (If outside, give location) 505 E. BURFORD — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First EFFIE Middle MAY Last LATIMER
4. DATE OF DEATH Month APR Day 14 Year 1959
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH JAN 14 1882
9. AGE (In years last birthday) 77 — 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) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME REECE YOUNG
13b. MOTHER'S MAIDEN NAME NANCY HAYMES
14. NAME OF HUSBAND OR WIFE
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.
17. INFORMANT ROBERT LATIMER Address MARSHFIELD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ARTEMOSCLEROTIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH SEVERAL YRS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PULMONARY TUBERCULOSIS, FAR ADVANCED, ACTIVE. 4200A
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 4-1-52, to 4-4-59 and last saw her/him alive on 4-4-59
Death occurred at 6 30 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Glenn O. T[illegible] (Degree or title) M.D.
22b. ADDRESS Springfield, Mo.
22c. DATE SIGNED 4/15/59

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 4-14-1959
23c. NAME OF CEMETERY OR CREMATORY ST LUKE
23d. LOCATION (City, town, or county) WEBSTER CO (State) MO
24. FUNERAL DIRECTOR BARBER-EDWARDS ADDRESS MARSHFIELD
25. DATE RECD. BY LOCAL REG. 4-16-59
26. REGISTRAR'S SIGNATURE Effie E. Meeton

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 embalme

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

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 38 4

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.