

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018584

FILED VS MAY 24 1960

Registration District No. 47 Primary Registration District No. 5168 Registrar's No. 147

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Callaway</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural, McCredie Twp</u> Length of stay in 1b <u>18 Yrs.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Callaway</u> c. CITY OR TOWN <u>McCredie</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>R.F.D.# 1</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Orbie</u> Middle <u>M.</u> Last <u>Latty</u>			4. DATE OF DEATH Month <u>May</u> Day <u>17</u> Year <u>1960</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>9/21/1889</u>	9. AGE (last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Cicero C. Latty</u>			13b. MOTHER'S MAIDEN NAME <u>Susie Cheatam</u>			14. NAME OF HUSBAND OR WIFE <u>Susie Suggett Latty</u>	
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>492-09-7349</u>		17. INFORMANT Address <u>Mrs. Susie Latty, R.R.# 1 McCredie</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>Gunshot wound in right temple area</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Self inflicted</u> DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH 	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Same as above 18 part one</u>					
20c. TIME OF INJURY Hour <u>9</u> Month, Day, Year <u>5/17/1960</u>		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.) <u>Farmyard</u>		20f. CITY, TOWN, OR LOCATION <u>McCredie Twp</u>		COUNTY <u>Callaway</u> STATE <u>Mo</u>			
21. I attended the deceased from <u>about 9:00 A.M.</u> to _____ and last saw her <u>him</u> alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Dennis C. Browning, coroner</u>				22b. ADDRESS <u>Fulton, MO.</u>		22c. DATE SIGNED <u>5-19-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 19, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Callaway Memorial Garden</u>		23d. LOCATION (City, town, or county) <u>Fulton Mo</u>		
24. FUNERAL DIRECTOR <u>Wallace Funeral Home, Fulton, Mo</u>		ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>May-19-1960</u>		26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

A. R. Masune

Licensed Embalmer No. 4996

P. O. Address Fulton, N

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