JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 5 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3190 STATE FILE NUMBER 60-023258

NDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b 14yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wheatley Provident Hosp. Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jackson
c. CITY OR TOWN Kansas city Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2813 Bales Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Dora Middle Last Lattimore
4. DATE OF DEATH Month June Day 13 Year 1960
5. SEX female
6. COLOR OR RACE Negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7-13-1919
9. AGE (last birthday) 40
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beautician
10b. KIND OF BUSINESS OR INDUSTRY Cosmetics
11. BIRTHPLACE (City and state or country) Monroe, La.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Arron Johnson
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Arthur Lattimore
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 Arthur Lattimore Address K.C. Mo

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) Acute Pancreatitis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Diabetes Mellitus
DUE TO (c) Diabetic Coma 1 dy
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. ☐ Yes ☐ No ☐ Unknown
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.) no
20c. TIME OF INJURY Hour a.m. p.m. no Month, Day, Year no
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 6-5-60 to 6-13-60 and last saw her him alive on 6-13-60
Death occurred at 1030 P.m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE J. S. Wells (Degree or title) MD
22b. ADDRESS 2122-E 15th K.C. Mo.
22c. DATE SIGNED 6-13-60
BY AFFIDAVIT OF J. S. Wells
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 6-16-60
23c. NAME OF CEMETERY OR CREMATORY –
23d. LOCATION (City, town, or county) (State) St. Joseph, Louisiana
24. FUNERAL DIRECTOR Mrs. Neal's Mortuary ADDRESS K.C. Mo
25. DATE RECD. BY LOCAL REG. 6-16-60
26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 _____ Signed Millard B Paskin

Signature of Student Embalmer

Licensed Embalmer No. 5013

P. O. Address KC Mo

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