

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

ED VS NOV 1 1960

-60-038669

DED

Registration District No. 150 Primary Registration District No. 4239 Registrar's No. 227

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LEE'S SUMMIT		Length of stay in 1b FEW MINUTES		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION WESTERN ELECTRIC PLANT CONSTRUCTION SITE				d. STREET ADDRESS 1921 EAST 34TH STREET		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JAMES Middle WILLIAM Last LATIMER				4. DATE OF DEATH Month OCTOBER Day 25 Year 1960			
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH SEPT. 27, 1900	
9. AGE (last birthday) 60		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HR Months 0 Days 0 Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER			10b. KIND OF BUSINESS OR INDUSTRY ROSSNER ELECTRIC SUPPLY COMPANY			11. BIRTHPLACE (City and state or country) KANSAS CITY, MO.	
12. CITIZEN OF WHAT COUNTRY U. S. A.			13a. FATHER'S NAME VIRGIL LATIMER		13b. MOTHER'S MAIDEN NAME NANCY JANE HATCHER		
14. NAME OF HUSBAND OR WIFE MRS. THELMA LATIMER			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 496-03-1907		
17. INFORMANT MRS. THELMA LATIMER			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 Circulatory Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) Coronary Artery Disease		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 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 4 A Month, Day, Year 12-57		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 KANSAS CITY COUNTY MISSOURI STATE MISSOURI	
21. I attended the deceased from 12-57 to 8-24-60 and last saw him alive on 8-24-60 Death occurred at 4 A m on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) Charles K. Lachs, D.D.		22b. ADDRESS 11119 Walnut, KC	
22c. DATE SIGNED 10-26-60		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE OCT. 28, 1960		23c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEMETERY	
23d. LOCATION (City, town, or county) KANSAS CITY		23e. STATE MISSOURI		24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		25. DATE RECD. BY LOCAL REG. 10-28-60	
24. ADDRESS 1331 BRUSH CREEK		25. CITY, TOWN, OR LOCATION KANSAS CITY, MO.		26. REGISTRAR'S SIGNATURE W.B. Langford			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 9 1930

NOV 8 AM

DEC 14 1930

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 Raymond M. Haro

Licensed Embalmer No. 4913

P. O. Address Indep. St.

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