

FILED APR 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

13338

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 135

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>16 yrs.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1006 East 4th St.</u>		d. STREET ADDRESS (If rural, give location) <u>1006 East 4th Sr.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>W.</u> c. (Last) <u>LARABEE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 17, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 27, 1873</u>	9. AGE (In years if under 1 year last birthday) (Months) (Days) (Hours) (Min.) <u>76 1 20</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>	11. BIRTHPLACE (State or foreign country) <u>LaSalle, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James W. Larabee</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann De Bois</u>	14. NAME OF HUSBAND OR WIFE <u>Cloma Beard Larabee</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>*****</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James B. Larabee</u> ADDRESS <u>1804 West 11th Sedalia, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of rectum</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1547</u>			

19a. DATE OF OPERATION <u>1 Feb 49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Extensive abdominal metastasis</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Mar 31, 1949 to April 17, 1949, that I last saw the deceased alive on April 17, 1949, and that death occurred at 11 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. R. Edwards M.D.</u> (Degree or title)	23b. ADDRESS <u>Sedalia, Missouri</u>	23c. DATE SIGNED <u>April 18, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>	24b. DATE <u>4/20/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ainsworth, Nebraska</u>	24d. LOCATION (City, town, or county) (State) <u>Ainsworth, Nebraska</u>
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DATE REC'D BY LOCAL REG. <u>4-20-49</u>	REGISTRAR'S SIGNATURE <u>Betty Yeager</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Wm. Ewing Sedalia</u> ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

80
66
4

RECEIVED

District Health Officer No. 81

District File Number _____

Date Filed 4-26-49

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 _____

RICHARD D. CONN

Student Embalmer No. 261

working under my personal supervision.

Signed Richard D. Conn
Student Embalmer

Signed Phane Ewing

Licensed Embalmer No. 2847

P. O. Address Sidalia, 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 this body is not embalmed, fact should be so stated above.