

FILED MAY 18 1949

## STANDARD CERTIFICATE OF DEATH

State File No. 14712

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 2000		Registrar's No. 140			
1. PLACE OF DEATH a. COUNTY <b>Adair</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirksville</b>		c. LENGTH OF STAY (In this place) <b>27 d 19 hr.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ethel</b>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Grim-Smith Memorial Hospital</b>				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Gus</b>			b. (Middle) <b>Carl</b>		c. (Last) <b>Larson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 10 1949</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Mar. 5, 1881</b>		9. AGE (In years last birthday) <b>68</b> IF UNDER 1 YEAR: Months <b>2</b> Days <b>5</b> OF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>L. P. Larson</b>			13b. MOTHER'S MAIDEN NAME <b>Hannah Swanson</b>			14. NAME OF HUSBAND OR WIFE <b>Mrs Gus Larson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Ruth Larson, Bucklin Mo.</b> ADDRESS _____				
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, asthemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis or embolus</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>23 days postoperative</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Gb surgery</b>						INTERVAL BETWEEN ONSET AND DEATH <b>- 3 days</b>  <b>585X</b>  <b>4/13/49</b>	
19a. DATE OF OPERATION <b>4/13/49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Cholecystitis with stones</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <b>4/12</b> , 19 <b>49</b> , to <b>5/10</b> , 19 <b>49</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>9:40 a.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>George E. Grim M.D.</b>				23b. ADDRESS <b>Kirksville, Missouri</b>			23c. DATE SIGNED <b>5/10/49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>5/13/1949</b>		24c. NAME OF CEMETERY, OR CREMATORY <b>Union Chapel</b>		24d. LOCATION (City, town, or county) (State) <b>Ethel, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>5/10-49</b>		REGISTRAR'S SIGNATURE <b>Wate Lambert</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Larson Funeral Service, Bucklin Mo.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED**

District Health Officer No. 10

District File Number 5-49-88

Date Filed MAY 17 1949

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed E. A. Larson

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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.