V.S. No. 300
Rev. 10.48

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

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31504

BIRTH NO. _____ REG. DIST. NO. 3154 PRIMARY REG. DIST. NO. 6066 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: St. Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): El Dorado Springs
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Roscoe Township

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence 48
d. STREET ADDRESS (If rural, give location): 910 E. Alton 4

3. NAME OF DECEASED (Type or Print)
a. (First): Leona
b. (Middle): Lucille
c. (Last): Larson

4. DATE OF DEATH (Month) (Day) (Year): August 12, 1949

5. SEX: F. 1
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: July 2, 1942
9. AGE (In years last birthday): 7 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): X
10b. KIND OF BUSINESS OR INDUSTRY: X
11. BIRTHPLACE (State or foreign country): Waynesville, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Leonard Larson
13b. MOTHER'S MAIDEN NAME: Mildred Wilson
14. NAME OF HUSBAND OR WIFE: X

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.: X
17. INFORMANT'S SIGNATURE OR NAME: Earl Wilson — ADDRESS: El Dorado Spgs., Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning

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.

INTERVAL BETWEEN ONSET AND DEATH: E929.8 4U

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Osage River
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Roscoe St. Clair Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8 12 1949 9a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell from motor boat. 93

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9 a. m., from the causes and on the date stated above.*

23a. SIGNATURE: James B Bradford (Degree or title) Coroner
23b. ADDRESS: Osceola Mo
23c. DATE SIGNED: 8/19/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 17, 1949
24c. NAME OF CEMETERY OR CREMATORY: Moberly Cemetery
24d. LOCATION (City, town, or county) (State): Moberly, Missouri

DATE REC'D BY LOCAL REG.: Sept 1-49
REGISTRAR'S SIGNATURE: Ruth Beavers 288
25. FUNERAL DIRECTOR'S SIGNATURE: J B Bradford — ADDRESS: Osceola Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 8-4-9-11
Date Filed 9-22-4

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.

Student .....
Student Embalmer

Signed F B Goodwin

Licensed Embalmer No. 3038

P. O. Address Osceola 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.