

FILED JUL 6 1950

STANDARD CERTIFICATE OF DEATH

0270 19784
State File No.

BIRTH NO. _____ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 5316 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If instituting residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Clear Creek Twp)</u>	c. LENGTH OF STAY (In this place) <u>52 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Clear Creek Twp)</u>	d. STREET ADDRESS (If rural, give location) <u>3 miles west of Pilot Grove</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West of Pilot Grove</u>			

3. NAME OF DECEASED (Type or Print) <u>ANNA-MARGARET - LARM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 24 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 16, 1898</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Days <u>1</u> Hours <u>8</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>Louis Hoff</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Schneider</u>		14. NAME OF HUSBAND OR WIFE <u>Fred Larm</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year of date of service)		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herbert Larm, Bonnell, Mo</u>		

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wound Brain</u>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Self inflicted</u> DUE TO (c) <u>Insanity</u>			E976X
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, shop, bldg., etc.) <u>Home (farm)</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Pilot Grove Cooper Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 24 1950 6:00 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Self inflicted Gunshot wound</u>

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 on _____, 19____, and that the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M L Dietzroegen M.D.</u>	23b. ADDRESS <u>Bonnell Mo</u>	23c. DATE SIGNED <u>6/24/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 26, 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clear Creek cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pilot Grove Mo</u>
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DATE REC'D BY LOCAL REG. <u>June 25, 1950</u>	REGISTRAR'S SIGNATURE <u>Hellie Thullett</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hays - Parnter Pilot Grove, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7.5.58

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 Robert L. Painter

Licensed Embalmer No. 4069

P. O. Address Pilot Grove, 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.