

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27737

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY <u>Pemissot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemissot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hayti</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hayti</u> <u>1781</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED a. (First) <u>Fred</u> (Type or Print),		b. (Middle) <u>Clarence</u>	
c. (Last) <u>Larson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 29, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Sept 7, 1880</u>
9. AGE (In years) (last birthday) <u>69</u>		10. MONTHS <u>11</u> DAYS <u>22</u>	
11. BIRTHPLACE (State or foreign country) <u>Galva Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>702-07-3158</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Larson - Hayti, Mo</u>	
18. 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, asthma, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE (OR) CONDITION DIRECTLY LEADING TO DEATH <u>Atrophic Cirrhosis of Liver</u>		MEDICAL CERTIFICATION	
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (b) _____	
DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Hypertrophy of Heart</u>		_____ <u>5810</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>8/15</u> to <u>8/29, 1950</u> that I last saw the deceased alive on <u>8/28, 1950</u> and that death occurred at <u>3 P.M.</u> from the causes and on the date stated above.	
23a. SIGNATURE <u>J. Robertson</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Hayti, Mo</u>	
23c. DATE SIGNED <u>8-30-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>8-31-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Woodlawn Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Hayti, Mo</u>		DATE REC'D BY LOCAL REG. <u>9-4-50</u>	
REGISTRAR'S SIGNATURE <u>John W. German</u>		FUNERAL DIRECTOR'S SIGNATURE <u>John W. German</u>	
ADDRESS _____		ADDRESS <u>Hayti, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

9-50-244

SEP 08 1950

SEP 29 1950

J. B. Beecher, M. D.,  
Pemiscot County Health Department,  
Caruthersville, Missouri

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 John W. German

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.