

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 6 1951

 BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Pottawatomie</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farifax</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Council Bluffs</u> <u>2140</u>	
c. LENGTH OF STAY (in this place) <u>2 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>218 Linden.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>airfax Com. Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Walter</u>	b. (Middle) <u>0</u>	c. (Last) <u>Larson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12 26 1950</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>Married</u>	8. DATE OF BIRTH <u>2/28/1908</u>	9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Draftsman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Draftsman</u>	11. BIRTHPLACE (State or foreign country) <u>Omaha. Nebr.,</u>	12. CITIZEN OF WHAT COUNTRY? <u>Am</u>
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13a. FATHER'S NAME <u>Olaf Larson</u>	13b. MOTHER'S MAIDEN NAME <u>Dagmer Unk.</u>	14. NAME OF HUSBAND OR WIFE <u>Maren Larson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of date of service) <u>Yes World War II</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Woodring Funeral Home Co. Bluffs Iowa</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Massive Cerebral Hemorrhage</u>		<u>2 hrs</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) <u>Hypertension, Malignant</u>		<u>2 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			<u>331X</u>

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)	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)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK 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 12/26, 1950, to 12/26, 1950, that I last saw the deceased alive on 12/26, 1950, and that death occurred at 5:55 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter M. Schaefer</u>	23b. ADDRESS <u>Rock Port. Mo.</u>	23c. DATE SIGNED <u>12/26/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12/26/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	24d. LOCATION (City, town, or county) (State) <u>Council Bluffs Ia.,</u>
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DATE REC'D BY LOCAL REG. <u>Dec 29 1950</u>	REGISTRAR'S SIGNATURE <u>Marvin N. Schaefer</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>BARTHOLOMEW MORTUARY. ROCKPORT. MO</u>
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JAN 8 1951

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. This body was not embalmed

Student
Student Embalmer

Signed.....

Licensed Embalmer No. 3173.....

P. O. Address Rock Port. 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.