

FILED MAR 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7365

BIRTH NO.		REG. DIST. NO. 378		PRIMARY REG. DIST. NO. 4552		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WRIGHT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MTN. GROVE</u>		c. LENGTH OF STAY (in this place) <u>10</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MTN. GROVE</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROSE HILL STREET</u>				d. STREET ADDRESS (If rural, give location) <u>ROSE HILL STREET</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>FRANK</u>		c. (Last) <u>LARGENT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 28 51</u>	
5. SEX <u>M. D W</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>July 9 1818</u>	
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>		11. BIRTHPLACE (State or foreign country) <u>PLATO MO. D</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN LARGENT</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH WILLIAMS</u>		14. NAME OF HUSBAND OR WIFE <u>MARY LENA ARNOLD</u>			
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>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Largent</u> ADDRESS <u>Mtn Grove 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage,</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> <u>Not known</u> <u>Not known</u> <u>3:1 X</u>	
19a. DATE OF OPERATION		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) (Min.)		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>30 Aug</u> , 19 <u>49</u> , to <u>28 Feb</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>27 Feb</u> , 19 <u>51</u> , and that death occurred at <u>12:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Self Connor D M.D.</u> (Degree or title)				23b. ADDRESS <u>Mountain Grove Mo</u>		23c. DATE SIGNED <u>28 Feb 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2/28/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>		24d. LOCATION (City, town, or county) (State) <u>Mtn. Grove Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-28-51</u>		REGISTRAR'S SIGNATURE <u>A.B. Ames</u>		348		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rev Barber</u> ADDRESS <u>Mtn. Grove, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 7 1951
WRIGHT CO. HEALTH DEPT.
County File Number 227-19
Date Filed MAR 10, 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.

Student
Student Embalmer

Signed

R. W. Barber

Licensed Embalmer No. 3848

P. O. Address Int'l. Home, Inc.

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.