

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **13622**

FILED MAY 9 1951

BIRTH NO. _____		REG. DIST. NO. <b>294</b>		PRIMARY REG. DIST. NO. <b>3056</b>		Registrar's No. <b>113</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <b>Randolph</b>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Randolph</b>	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>		d. STREET ADDRESS (If rural, give location)		<b>8883</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wabash Hospital</b>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <b>Charles</b>		b. (Middle) <b>W.</b>		c. (Last) <b>Larson</b>		Date: <b>Apr. 29 1951</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Apr. 7 1870</b>	
9. AGE (In years last birthday) <b>81</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Rtd.</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Sweden</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>John Larson</b>		13b. MOTHER'S MAIDEN NAME <b>Agusta Johnson</b>		14. NAME OF HUSBAND OR WIFE <b>Ada</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ada Larson</b> ADDRESS <b>Moberly, Mo.</b>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>FRACTURE, Right Femur</b>				<b>60 days</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) <b>Chronic Arterio-Sclerotic Cardio-Vascular-Renal Dis</b>				<b>5 yrs.</b>	
		DUE TO (c) <b>UREMIA</b>				<b>20 days</b>	
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <b>Mar 5 51</b>		19b. MAJOR FINDINGS OF OPERATION <b>FRACTURE RT. Femur</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Slipped</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>HOME</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>Moberly</b> (COUNTY) <b>Randolph</b> (STATE) <b>MO.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Mar 1 51 m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Patient slipped and fell.</b>			
22. I hereby certify that I attended the deceased from <b>Mar 1, 1950</b> to <b>April 29, 1951</b> , that I last saw the deceased alive on <b>April 28, 1951</b> , and that death occurred at <b>7:46 AM</b> from the causes and on the date stated above.							
23a. SIGNATURE <b>Henry K Baker</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Moberly - Missouri</b>		23c. DATE SIGNED <b>APR 30 1951</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>May 5 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakland</b>		24d. LOCATION (City, town, or county) (State) <b>Moberly Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4-30-51</b>		REGISTRAR'S SIGNATURE <b>Seabirdellee Love</b>		FUNERAL DIRECTOR'S SIGNATURE <b>P. Mahan and Son</b> ADDRESS <b>Moberly, Mo.</b>			

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

1983

MAY 9 1954

DEC 5 1952

Date Received: MAY 8 1954  
DISTRICT HEALTH OFFICE #2  
District File Number 52-51-859  
Date Filed: MAY 8 1954

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 Frank D. D. Nutt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.