

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20234  
State File No. 2761

FILED JUL 7 - 1951

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>10 Months</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>412 W. 47th</b>				d. STREET ADDRESS (If rural, give location) <b>412 W. 47th</b>			
3. NAME OF DECEASED a. (First) <b>Miss. DOROTHY</b>			b. (Middle) <b>ELIZABETH</b>		c. (Last) <b>LARSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 28, 1951</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>Sept 2, 1920</b>	9. AGE (In years last birthday) <b>30</b>	IF UNDER 1 YEAR Months <b></b> Days <b></b>	IF UNDER 2 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Secretarial work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Adv. Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Ames Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John H. Larson</b>		13b. MOTHER'S MAIDEN NAME <b>Ella Walker</b>		14. NAME OF HUSBAND OR WIFE <b></b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>497-16-3355</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Elmer Clark-</b>		ADDRESS <b>Indep. Mo.</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetic Coma</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Must Diabetic since age 13</b>				INTERVAL BETWEEN ONSET AND DEATH  <b>260h</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>no post mort</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>natural</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b></b>		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <b></b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) <b></b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b></b>			
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 at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title)				23b. ADDRESS <b>7039 Parkto Bldg</b>		23c. DATE SIGNED <b>6 29 51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>June 30, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Slater Iowa</b>		24d. LOCATION (City, town, or county) (State) <b>Indep. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>6-29-51</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Chas Mitchell</b>		ADDRESS <b>Indep. Mo.</b>	

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

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Henry G. Mitchell

Licensed Embalmer No. 3925

P. O. Address Andep 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.