

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37907

State File No.

DEC 12 1951

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. LENGTH OF STAY (In this place) <u>5 Yrs.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		<u>0572</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center</u>		d. STREET ADDRESS (If rural, give location) <u>407 South Maguire St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Virginia</u> b. (Middle) <u>Gertrude</u> c. (Last) <u>Larson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 5 1951</u>		
---	--	--	--	--	--

5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 14 1911</u>		9. AGE (In years last birthday) <u>40</u>		IF UNDER 1 YEAR		IF UNDER 11 HRS.	
										Months		Days	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Nevada Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
---	--	---	--	--	--	---	--

13a. FATHER'S NAME <u>A. E. Leach</u>		13b. MOTHER'S MAIDEN NAME <u>Clalara M. Current</u>		14. NAME OF HUSBAND OR WIFE <u>Virgil Larson Warrensburg</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Virgil Larson Warrensburg, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic heart disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 to 4 yrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mitral Heart Disease</u>				<u>3-4 yrs</u>	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2 4011 of ethine</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>410X</u>		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) m.		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 11-26, 1951, to 12-5, 1951, that I last saw the deceased alive on 12-5, 1951, and that death occurred at 10:40 am., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Lee Cooper M.D.</u> (Degree or title)		23b. ADDRESS <u>Warrensburg Mo.</u>		23c. DATE SIGNED <u>12-7-51</u>	
--	--	-------------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-7-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Leesummit Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Leesummit Missouri</u>	
---	--	--------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>Dec. 7, 1951</u>		REGISTRAR'S SIGNATURE <u>Saranna Deetrich</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sweeney Phillips, Warrensburg, Mo</u>	
--	--	---	--	---	--

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

0517
C

RECEIVED
DEC 11 1951
JOHNSON COUNTY HEALTH DEPT

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer:

Signed

J. Earl Priest

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg 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.