

FILED JAN 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41686
Registrar's No. 5581

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Rural	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) 61st & Blue Ridge Cutoff	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran			

3. NAME OF DECEASED (Type or Print)	a. (First) ALENA	b. (Middle) MAUDE	c. (Last) LARSON	4. DATE OF DEATH (Month) (Day) (Year)
				12 22 51

5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-19-1877	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) LeCompton, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Sabert H. Stains	13b. MOTHER'S MAIDEN NAME Nancy J. Ogan	14. NAME OF HUSBAND OR WIFE Charles Larson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Charles Larson, 61st & Blue Ridge	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 5 yrs 5 yrs 4 1/2
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2nd		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION NO	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	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) m. NO	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> 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 June 1950 to Dec 22, 1951, that I last saw the deceased alive on Dec 22, 1951, and that death occurred at 10:35 p.m. from the causes and on the date stated above.

23a. SIGNATURE M. B. Casbolt (Degree or title)	23b. ADDRESS 4006 Battlement	23c. DATE SIGNED 12-23-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-26-51	24c. NAME OF CEMETERY OR CREMATORY Forest Hill	24d. LOCATION (City, town, or county) (State) Mo. Kansas City
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DATE REC'D BY LOCAL REG. 12-26-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE J. Wagner	ADDRESS K E No
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

