

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5521

ED APR 1 1952

BIRTH NO. REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 4445 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) ORRICK		b. COUNTY Ray	
c. LENGTH OF STAY (in this place) 19 Years		c. CITY (If outside corporate limits, write RURAL and give township) ORRICK, Mo. 1890	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home in Orrick		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) Pete	a. (First) H.	b. (Middle) Larkin	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) March-24, 52
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 17, 1900	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist		10b. KIND OF BUSINESS OR INDUSTRY Druggist		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Larkin	13b. MOTHER'S MAIDEN NAME Lydia VanMeter	14. NAME OF HUSBAND OR WIFE Helen James Larkin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 497-36-6669	17. INFORMANT'S SIGNATURE OR NAME Mrs. Helen Larkin	ADDRESS Orrick, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic carcinoma (left)		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from January 1952, to Mar 24, 1952, that I last saw the deceased alive on Mar 22, 1952, and that death occurred at 1:30p m., from the causes and on the date stated above.

23a. SIGNATURE Helen W. Larkin M.D.	(Degree or title)	23b. ADDRESS 114 N. Water, Liberty, Mo.	23c. DATE SIGNED 3-25-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-26-52	24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cem.	24d. LOCATION (City, town, or county) (State) Marshall, Mo.
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DATE REC'D BY LOCAL REG. 3-26-52	REGISTRAR'S SIGNATURE Helen J. Larkin 272	25. FUNERAL DIRECTOR'S SIGNATURE R. W. Good	ADDRESS Orrick, Mo
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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.....

working under my personal supervision.

*Self*

Student Embalmer No.....

Signed.....

*Victor E. Lanning*

Signed.....

Student Embalmer

Licensed Embalmer No.....

*2896*

P. O. Address.....

*Liberty, 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.