

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21461

State File No.

BIRTH NO. REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 3053 Registrar's No. 111

872
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>Phelps</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cabool</u> <u>10910</u> | |
| c. LENGTH OF STAY (in this place) <u>7 Mo.</u> | | d. STREET ADDRESS (If rural, give location) <u>None</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>McFarland Nursing Home</u> | | | |

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|---|-----------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Herman</u> | b. (Middle) <u>W.</u> | c. (Last) <u>Larson</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 10, 1952</u> |
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| 5. SEX <u>M.</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>May 19, 1863</u> | 9. AGE (In years last birthday) <u>89</u> | IF UNDER 1 YEAR Months <u>1</u> | IF UNDER 4 HRS. Days <u></u> | IF UNDER 15 MIN. Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u> | 11. BIRTHPLACE (State or foreign country) <u>Sweden</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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|-----------------------------------|--|--|
| 13a. FATHER'S NAME <u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>(Dec)</u> |
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|---|---------------------------------|---|-----------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u> | 16. SOCIAL SECURITY NO. <u></u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Nursing Home Records, Rolla, Mo.</u> | ADDRESS <u></u> |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Old age</u> DUE TO (c) <u>None</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> | | | |

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| 19a. DATE OF OPERATION <u></u> | 19b. MAJOR FINDINGS OF OPERATION <u>No operation</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>H 222</u> |
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|---|--|------------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u></u> |
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22. I hereby certify that I attended the deceased from Nov. 13, 1951 to June 10, 1952 that I last saw the deceased alive on June 10, 1952, and that death occurred at 4:30pm., from the causes and on the date stated above.

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|---|------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Asidney McFarland</u> | 23b. ADDRESS <u>Rolla Mo</u> | 23c. DATE SIGNED <u>6-11-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>June 13, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Texas County, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>June 11, 1952</u> | REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u> | ADDRESS <u>Rolla, Mo.</u> |
|---|--|--|---------------------------|

JUL 29 1952

Phelps County Health Officer,

County File Number

Date Filed 6-18-52

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..... Paul E. Mull

Signed.....
Student Embalmer

Licensed Embalmer No. 4498

P. O. Address..... Rolla, 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.