S. No. 300
v. 10.48

FILED SEP 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29020

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6961 Registrar's No. 72

1. PLACE OF DEATH
a. COUNTY: Platte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Twp
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Platte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Twp
d. STREET ADDRESS (If rural, give location): Near East Leavenworth

3. NAME OF DECEASED (Type or Print)
a. (First): Dave
b. (Middle):
c. (Last): Larison

4. DATE OF DEATH (Month) (Day) (Year): 8-30-52

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 8, 1891
9. AGE (In years last birthday): 61 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and State or Foreign Country): East Leavenworth, Mo.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Dave Larason
13b. MOTHER'S MAIDEN NAME: Sarah Nugent
14. NAME OF HUSBAND OR WIFE: Grace Moppin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Grace Larison — **ADDRESS:** East Leaven

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) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Mitral Stenosis & Chronic Glomerulo Nephritis — 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Duodenal ulcer — 7 yrs.

19a. DATE OF OPERATION: XXXX
19b. MAJOR FINDINGS OF OPERATION: XXXXXX
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): XXXXXX
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): XXXX
21c. (CITY, TOWN, OR TOWNSHIP) Weston (COUNTY) Platte (STATE) Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): XXXXXX m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? XXXXXX

22. *I hereby certify that I attended the deceased from* July 20, *19* 52, *to* Aug. 30, *19* 52, *that I last saw the deceased alive on* July 22, *19* 52, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lewis C. Galbraith M.D.
23b. ADDRESS: Weston Missouri
23c. DATE SIGNED: 9/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-1-52
24c. NAME OF CEMETERY OR CREMATORY: Platte City, Mo.
24d. LOCATION (City, town, or county) (State): Platte City, Mo.

DATE REC'D BY LOCAL REG.: 9-1-52
REGISTRAR'S SIGNATURE: Sylvia Rollins 257
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS:** VAUGHN FUNERAL HOME WESTON, MO

(Licensed Embalmer's Statement on Reverse Side)

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 .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed W. R. Vaugh

Licensed Embalmer No. X023

P. O. Address Weston, 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.