

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32252

State File No. _____

FILED SEP 22 1952

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5755 Registrar's No. 39

0630
3

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

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Vienna Jackson</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>few hours</u>		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>1919 Prairie</u>	

3. NAME OF DECEASED a. (First) <u>Oral</u> (Type or Print)			b. (Middle) <u>Joseph</u>			c. (Last) <u>Larned</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-13-52</u>		
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5. SEX <u>M</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>9-20-02</u>		9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months <u>11</u>		IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>wire weaver</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Factory</u>			11. BIRTHPLACE (State or foreign country) <u>Crystal City, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>Luther Bone Larned</u>			13b. MOTHER'S MAIDEN NAME <u>Kennon Perry Pelikan</u>			14. NAME OF HUSBAND OR WIFE <u>Glady's Russel Larned</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Makin James Vienna Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Drowning</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9298</u> <u>42</u>						INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>11.3</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accidental</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <u>Electric line</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Vienna Marion Mo.</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-13-52 6:30 P.M.</u>			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M.C. Cunningham</u>			23b. ADDRESS <u>Coroner Vienna Mo</u>			23c. DATE SIGNED <u>9/14/52</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-16-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	
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DATE REC'D BY LOCAL REG. <u>9-19-52</u>		REGISTRAR'S SIGNATURE <u>Pauline Howard</u>		GENERAL DIRECTOR'S SIGNATURE <u>M.C. Cunningham</u>		ADDRESS <u>Vienna Mo</u>	
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SEP 25 1957

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. C. Cunningham*

Licensed Embalmer No. *3664*

P. O. Address *Osborne 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.