

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

32275

State File No. _____

S. No. 300
V. 10.48
644
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FILED OCT 15 1952

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3042 Registrar's No. 314

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>MARION</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> COUNTY <u>ROLLS</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL, MO.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PERRY, MO.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LEVERING-HOSPITAL.</u> | | d. STREET ADDRESS (If rural, give location) <u>1</u> | |

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|---|--|--|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>-</u> c. (Last) <u>LARSON</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT-27-1952</u> | | |
| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | |
| 8. DATE OF BIRTH <u>NOV-29-1871</u> | | 9. AGE (In years last birthday) <u>80</u> | | 9. AGE (In years) (Months) (Days) (Hours) (Mins.) <u>9 28</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>HOME.</u> | | 11. BIRTHPLACE (State or foreign country) <u>ROLLS, MO.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>LUTHER-SMITH</u> | | 13b. MOTHER'S MAIDEN NAME <u>ELIZABETH-BESHEARS</u> | | 14. NAME OF HUSBAND OR WIFE <u>CHARS-LARSON.</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. PERRY, PERRY, MO.</u> | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tetanus</u> | | II. OTHER SIGNIFICANT CONDITIONS | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | | | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. - | | | | |
| | | DUE TO (b) _____ | | | | |
| | | DUE TO (c) _____ | | | | |
| | | Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

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|------------------------|--|----------------------------------|--|--|--|--|--|
| 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) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from Sept 27, 1952, to Sept 27, 1952, that I last saw the deceased alive on SEPT-27, 1952, and that death occurred at 12:58 m., from the causes and on the date stated above.

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|---|--|-----------------------------------|--|------------------------------------|--|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) | | 23b. ADDRESS <u>HANNIBAL, MO.</u> | | 23c. DATE SIGNED <u>10/29/1952</u> | |
|---|--|-----------------------------------|--|------------------------------------|--|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>10/29/1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>OLIVET-CEMETERY CENTER, MO.</u> | | 24d. LOCATION (City, town, or county) (State) | |
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| DATE REC'D BY LOCAL REG. <u>10-8-52</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | | ADDRESS | |
|---|--|--|--|---|--|---------|--|

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

RECEIVED OCT 13 1952
MARION CO. HEALTH DEPT.
DATE FILED OCT 13 1952

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 Clyde Wilkey

Licensed Embalmer No. 3828

P. O. Address Temp 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.