

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37387**

FILED OCT 27 1952

BIRTH NO.		REG. DIST. NO. 338	PRIMARY REG. DIST. NO. 6148	Registrar's No. 46
1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Castor)		c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Castor) 1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If rural, give location) R.F.D. #2, Dexter, Mo.		
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Christian		c. (Last) Larsen
4. DATE OF DEATH Oct. 15, 1952				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 20, 1872	9. AGE (In years last birthday) 79 IF UNDER 1 YEAR: Months 10 Days 25 IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Stoddard County, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S.				
13a. FATHER'S NAME Martin Larsen		13b. MOTHER'S MAIDEN NAME Jan Brown		14. NAME OF HUSBAND OR WIFE Julia F. Larsen
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. -----		17. INFORMANT'S SIGNATURE OR NAME Everett Larsen, Dexter, Mo. R.2
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) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Hypertension and		
		DUE TO (c) Arterio Sclerosis		
		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 443X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 April 1950 , to Oct 15, 1952 , that I last saw the deceased alive on Sept 10, 1952 , and that death occurred at 4:15 P.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) S. S. Wainwright M.D.		23b. ADDRESS Dexter Mo.		23c. DATE SIGNED 10/20/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-17-52	24c. NAME OF CEMETERY OR CREMATORY West Antioch	24d. LOCATION (City, town, or county) (State) Bloomfield, Mo. R.F.D.
DATE REC'D BY LOCAL REG. Oct. 23, 1952		REGISTRAR'S SIGNATURE Rose Wehber		25. FUNERAL DIRECTOR'S SIGNATURE Strickland-Rainey
				ADDRESS Dexter, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

1030

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 _____

Licensed Embalmer No. 3479

P. O. Address North 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.