

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41584

State File No.

S. No. 300
V. 10.48

FILED DEC 24 1952

BIRTH NO.		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>1328</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0113</u>		
c. LENGTH OF STAY (in this place) <u>18 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>104 1/2 Francis</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hosp.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Meesee Ardy</u> b. (Middle) <u>Larson</u> c. (Last) <u>Larson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 15, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 22, 1889</u>	9. AGE (In years last birthday) <u>63</u> 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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Tenn.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Levi Preston</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Buttrum</u>		14. NAME OF HUSBAND OR WIFE <u>Olaf F. Larson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lafayette Uish, Wathena, Kansas</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Gall Bladder with Metastasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>UNK.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>155x</u>		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 <u>2-16, 1951</u> , to <u>12-15, 1952</u> , that I last saw the deceased alive on <u>12-14, 1952</u> , and that death occurred at <u>2:40A m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Carl C. Casto MD</u>		23b. ADDRESS <u>Tootle Building St. Joseph, Mo.</u>		23c. DATE SIGNED <u>12-19-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 17, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Belmont Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Wathena, Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Barry St. Joseph Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Dec 23, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casto</u>		ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 Victor Baran

Licensed Embalmer No. 4212

P. O. Address St Joseph 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.