

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6070**
157

DECEASED FEB 18 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas				b. COUNTY Johnson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 2 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City "Rural"				2150g			
d. FULL NAME OF HOSPITAL OR INSTITUTION 6025 Tracy				d. STREET ADDRESS (If rural, give location) 7905 W. 61st. St.				X			
3. NAME OF DECEASED (Type or Print) a. (First) CARL			b. (Middle) VICTOR			c. (Last) LARSON			4. DATE OF DEATH (Month) (Day) (Year) Jan. 11, 1953		
5. SEX M		6. COLOR OR RACE D		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 16, 1900		9. AGE (In years last birthday) 52		# UNDER 1 YEAR Months Days	# UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist - General Elect. Co., Retired			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME David F. Larson				13b. MOTHER'S MAIDEN NAME Alma E. Hagland				14. NAME OF HUSBAND OR WIFE Estelle Larson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W. # I			16. SOCIAL SECURITY NO. 321-05-7121			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. August W. Larson, 6814 Montgall, KC Mo.					
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) Cerebral apoplexy (last) 6 hrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive vascul. disease 6 yrs 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 332X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								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) (Min.)		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>Oct 12, 1952</u> , to <u>Jan 11, 1953</u> , that I last saw the deceased alive on <u>Jan 10, 1953</u> , and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE Allen L. Hearst (Degree or title) M.D.						23b. ADDRESS 1100 Prof Bldg			23c. DATE SIGNED 1-12-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1/14/53		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah			24d. LOCATION (City, town, or county) (State) Kansas City, Missouri				
DATE REC'D BY LOCAL REG. 1-13-53		REGISTRAR'S SIGNATURE Seraldine Smith				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Mo.					

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

Dr. Allen L. Leach
Burg
No 3177

1100

FEB 18 1958

P...

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 Herald A. Burger

Licensed Embalmer No. 4763

P. O. Address Kansas City, 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.