

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9451**

FILED MAR 23 1953

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>267</u>	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place) 3 wks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (McDowell)			
d. FULL NAME OF HOSPITAL OR INSTITUTION 304 S. Kimbrough				d. STREET ADDRESS (If rural, give location) 0050			
3. NAME OF DECEASED (Type or Print)		a. (First) Harry		b. (Middle) Claude		c. (Last) Larkin	
4. DATE OF DEATH (Month) (Day) (Year)		3-13-1953					
5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3		8. DATE OF BIRTH 9-9-1883	9. AGE (in years last birthday) 69	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) farming		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and State or Foreign Country) Barry County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joe Larkin		13b. MOTHER'S MAIDEN NAME Mary Lane		14. NAME OF HUSBAND OR WIFE Fannie Larkin.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Tim Larkin-Seligamn, Missouri			
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) Malnutrition					several months
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple myeloma.					1 month.
		DUE TO (c)					
		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 203X					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) (m.)		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 2-19 , 1953, to 3-13 , 1953, that I last saw the deceased alive on 3-5 , 1953, and that death occurred at 5:45 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE Amver C. Marshall, M.D.				23b. ADDRESS Professional Bldg.		23c. DATE SIGNED 3-16-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-15-1953		24c. NAME OF CEMETERY OR CREMATORY Arnhart Cemetery		24d. LOCATION (City, town, or county) (State) Purdy, Missouri	
DATE REC'D BY LOCAL REG. 3-19-53		REGISTRAR'S SIGNATURE Edith Williamson Register		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. E. Culver - Cassville			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville

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.