

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

25403
 State File No. 25403
 Registrar's No. 3747

FILED AUG 5 - 1953

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carl Junction 0490	
c. LENGTH OF STAY (in this place) 4 days		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune Brooks Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Charley b. (Middle) Larson c. (Last) Larson			4. DATE OF DEATH (Month) (Day) (Year) 7 15 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/20/1875	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 11 Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Sweden	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Gustav Larson	13b. MOTHER'S MAIDEN NAME Johanna Erickson	14. NAME OF HUSBAND OR WIFE Anna Smith Larson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Maude Engell	ADDRESS Tonganoxie, Ks.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic suppurative otitis media</i>		INTERVAL BETWEEN ONSET AND 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) _____		
	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	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)
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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?
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22. I hereby certify that I attended the deceased from 7/9, 1953, to 7/12, 1953, that I last saw the deceased alive on 7/14, 1953, and that death occurred at 7 p.m., from the causes and on the date stated above. 7/9/53

23a. SIGNATURE <i>K. E. Miller</i> (Degree or title) MD	23b. ADDRESS Carthage, Mo	23c. DATE SIGNED 7-20-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/18/1953	24c. NAME OF CEMETERY OR CREMATORY Waco Co. Cemetery	24d. LOCATION (City, town, or county) (State) Waco, Jasper County, Missouri
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DATE REC'D BY LOCAL REG. 7-20-53	REGISTRAR'S SIGNATURE <i>L. B. Blunt</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>R. A. Carl</i>	ADDRESS Carl Junction, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

A. 130 Kan

RECEIVED AUG 3 1953

Jasper County Health Office

County File Number 53-8-639

Date Filed AUG 3 1953

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Jack C. Simpson

Signed.....
Student Embalmer

Licensed Embalmer No. 4647

P. O. Address Webb 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.