

FILED MAY 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17733

BIRTH NO. REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6248 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <b>Washington</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richwood - Rural</b>		c. LENGTH OF STAY (In this place) <b>50 yrs</b>	c. CITY OR TOWN <b>Richwood</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Richwoods</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <b>1150</b>	

3. NAME OF DECEASED (Type or Print) <b>Luther B Larned</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 13 54</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 16, 1869</b>		9. AGE (In years last birthday) <b>85</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>George Larned</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Hopkins</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Larned</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NO.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mary Larned</b>	
				ADDRESS <b>Richwood, Mo.</b>	

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) <b>Heart failure</b>		DUPLICATE TO (b) <b>Arteriosclerotic Heart Disease</b>			<b>18 days</b>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>Influenza</b>			<b>1 month</b>
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 <b>4/200</b>		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 **April 26, 1954, to May 13, 1954**, that I last saw the deceased alive on **May 13, 1954**, and that death occurred at **10 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Harold E. Donnell M.D.</b>		23b. ADDRESS <b>De Soto, Missouri</b>		23c. DATE SIGNED <b>5-14-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-15-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Stephens Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Richwood, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>5/14/54</b>		REGISTRAR'S SIGNATURE <b>Herbert W. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Casey ...</b>	
				ADDRESS <b>St. Clair, Mo.</b>	

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

File No. \_\_\_\_\_  
WASH. COUNTY HEALTH DEPT.  
MAY 18 1954  
**RECEIVED**

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.....  
Signature of Student Embalmer

Signed *K. M. Lewis*.....

Licensed Embalmer No. *360*

P. O. Address *St. Clair*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.