No. 300
10-48

FILED NOV 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34322

State File No.

BIRTH NO. 70722-54 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 523

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Joplin
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Freeman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Joplin, Mo 0495
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) Kent
b. (Middle) Edward
c. (Last) Larson

4. DATE OF DEATH (Month) (Day) (Year) Oct. 27, 1954

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH 10-27-1954
9. AGE (In years last birthday) — IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours 1 Min. 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Bill Larson
13b. MOTHER'S MAIDEN NAME Kathleen Ogden
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Bill Larson ADDRESS Joplin, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital heart - disease: Interauricular septal defect; undeveloped left ventricle

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO (b)~~ Dilated pulmonary artery - sacculation; over-riding of aorta
~~DUE TO (c)~~ connecting re aorta to re ventricle

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 7542
20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 27, 1954, *to* Oct 27, 1954, *that I last saw the deceased alive on* Oct 27, 1954, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE John E. Burch, M.D. (Degree or title)
23b. ADDRESS Frisco Bldg Joplin
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-29-1954
24c. NAME OF CEMETERY OR CREMATORY Carl Junction Cem
24d. LOCATION (City, town, or county) (State) Carl Junction, Mo.

DATE REC'D BY LOCAL REG. 11-2-54
REGISTRAR'S SIGNATURE Ed S. James 138 by Dolores Lampkins D.R.
25. FUNERAL DIRECTOR'S SIGNATURE Don Honey ADDRESS Carl Junction Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 57 M - M

Date Filed NOV 8 1954

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 Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, M

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.