

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36837**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 3013 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>JOHNSON</u>	
b. CITY OR TOWN <u>NO. KANSAS CITY</u> (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place) <u>1 DAY</u>		c. CITY OR TOWN <u>OVERLAND PARK</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1313 ATLANTIC</u>		e. STREET ADDRESS (If rural, give location) <u>8333 Russell</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Edward</u> c. (Last) <u>LARSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18 1954</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>1-28-1924</u>
9. AGE (In years last birthday) <u>30</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCK DRIVER, WAYNE TOWEL SUPPLY CO. INC.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY, MO</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Charles Larson</u>		13b. MOTHER'S MAIDEN NAME <u>Alle Bradfield</u>	14. NAME OF HUSBAND OR WIFE <u>ANNA MAE LARSON</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-14-4040</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ANNA MAE LARSON, 8333 Russell, OVERLAND PARK, KAN</u>
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) <u>Coronary Occlusion</u>  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 <u>4201</u>	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. S. Pate M.D. Coroner</u>		23b. ADDRESS <u>North Kansas City, Mo.</u>	
23c. DATE SIGNED <u>11/19/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-20-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>11-20-54</u>		REGISTRAR'S SIGNATURE <u>474 Marguerite Hudgens</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody McMillen Exlar</u>		ADDRESS <u>K.C. Mo.</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

APR 24 1956

MAR 7 1956

APR 27 1956

APR 22 1956

VS SEP 23 1960

MAY 24 1956

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 *John W. Kalsbeek*..... Licensed Embalmer No. 494

P. O. Address *No. Kansas*

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.