

FILED JAN 17 1955

STANDARD CERTIFICATE OF DEATH

43001

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 344 Registrar's No. 2815

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		c. LENGTH OF STAY (in this place) <u>5 years</u>	c. CITY OR TOWN <u>Kirkwood</u> <u>4673</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1509 Dougherty Ferry Road</u>		e. STREET ADDRESS (If rural, give location) <u>1509 Dougherty Ferry Road</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>NINA</u>	b. (Middle) <u>C.</u>	c. (Last) <u>LARIMER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 5, 1954</u>
-------------------------------------	------------------------	-----------------------	--------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>August 25, 1865</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	Min.
----------------------	-------------------------------	---	---	---	------------------------	-----------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fairfield, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	---	---

13a. FATHER'S NAME <u>Jackson D. Carter</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Richardson</u>	14. NAME OF HUSBAND OR WIFE <u>Harry H. Larimer</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hazel L. Wilson, 1509 Dougherty Ferry</u>	ADDRESS
--	-------------------------------------	---	---------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardiac-vascular disease</u>		<u>10 years</u>
	DUE TO (c) <u>Acute Pulmonary Edema</u>		<u>1 hour</u>
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)	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 Feb 18, 1951, to Dec 5, 1954, that I last saw the deceased alive on Dec 5, 1954, and that death occurred at 5:00p. m. from the causes and on the date stated above.

23a. SIGNATURE <u>Quentin M. Greene</u> (Degree or title)	23b. ADDRESS <u>Kirkwood, Mo</u>	23c. DATE SIGNED <u>12/6/54</u>
---	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Dec. 6, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chariton, Iowa</u>	24d. LOCATION (City, town, or county) (State) <u>Chariton, Iowa</u>
--	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>12/6/54</u>	REGISTRAR'S SIGNATURE <u>Richard R. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hoffmeister Colonial Mortuary, Chippewa</u>	ADDRESS <u>6464</u>
---	---	---	---------------------

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

Dr. Stines
207^a W. Kirkwood

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.....
Leiner C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. B...

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.