

FILED AUG 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26282
3506

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Missouri Kansas City		c. LENGTH OF STAY (in this place) 12 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		STREET ADDRESS (If rural, give location) 5505 Troost	

3. NAME OF DECEASED (Type or Print) a. (First) WILBUR	b. (Middle) M	c. (Last) LARGENT SR.	4. DATE OF DEATH (Month) (Day) (Year) Aug 8 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 25, 1908
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Universal Trailer	11. BIRTHPLACE (City and State or Foreign Country) Dunbar, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME William Largent	13b. MOTHER'S MAIDEN NAME Jessie Dennis	14. NAME OF HUSBAND OR WIFE Velma Largent
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WW 2 Army	16. SOCIAL SECURITY NO. 513-01-0475	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Son Wilbur M. Largent Jr. 1228 Tracy

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) Myocardial Infarction	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)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural	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 _____, 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 Hugh H. Owens	(Degree or title) Hugh H. Owens	23b. ADDRESS 1034 Rialto Bldg	23c. DATE SIGNED 8-9-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-11-1955	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah	24d. LOCATION (City, town, or county) (State) Kansas City Missouri

DATE REC'D BY LOCAL REG. 8-10-55	REGISTRAR'S SIGNATURE Neva Mindall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody McGilley-Bylar 1800 E. Linwood
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 27 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.....
Licensed Embalmer No.....
P. O. Address.....

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.