

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED SEP 14 1955

State File No. **26842**

BIRTH NO. _____		REG. DIST. NO. <u>283</u>		PRIMARY REG. DIST. NO. <u>5655</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>			
b. CITY OR TOWN <u>Rural Mt Vernon</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Mt Vernon</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>2 1/2 mi. East of Mt Vernon Hwy 166</u>				e. STREET ADDRESS (If rural, give location) <u>512 So. Main</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Richard</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>Larson</u>	
4. DATE OF DEATH		(Month) <u>Aug</u>		(Day) <u>30</u>		(Year) <u>1955</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>April-11-1933</u>	
9. AGE (In years last birthday) <u>22</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 HR. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Goodland Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lawrence Andrew Larson</u>		13b. MOTHER'S MAIDEN NAME <u>Vida Marie Roby</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>489-36-9864</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lawrence A. Larson Mt Vernon Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>brain concussion + crushed chest</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) _____					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>E 8161 26</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT OR SUICIDE? <u>CAR TRUCK ACCIDENT SUICIDE BRAIN CONCUSSION HIGHWIDED CRASHED CHEST</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HIGHWAY 166</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>2 MILES E. MT. VERNON, LAWRENCE MO.</u>		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY <u>8-30-55 11:55 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
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 <u>N W Fossett</u> (Degree or title) <u>CORNER LAWRENCE & MT. VERNON MISSOURI</u>				23b. ADDRESS _____		23c. DATE SIGNED <u>8-31-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept-2-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mt Vernon Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-31-55</u>		REGISTRAR'S SIGNATURE <u>Paul S. Duckert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>May L Fossett Mt Vernon, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

b. 300
p. 48
50
1

SEP 14 1955

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 *Mat L. Forest*.....

Licensed Embalmer No. *425*.....

P. O. Address *W. J. Lane*.....

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.