

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36394**

FILED NOV 21 1955

BIRTH NO. _____ REG. DIST. NO. **98** PRIMARY REG. DIST. NO. **5370** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Union Township)	c. LENGTH OF STAY (In this place) 8 Months	c. CITY OR TOWN Gallatin	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 Daviess Co. Rest Home		STREET ADDRESS (If rural, give location) ---	

3. NAME OF DECEASED (Type or Print)	a. (First) Isabelle	b. (Middle) ---	c. (Last) Larkin	4. DATE OF DEATH (Month) (Day) (Year) November 9 1955
-------------------------------------	----------------------------	------------------------	-------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 23 1875	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
----------------------	-------------------------------	---	---------------------------------------	---	---	---

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

13a. FATHER'S NAME Noah Dillard	13b. MOTHER'S MAIDEN NAME Sarah Nance	14. NAME OF HUSBAND OR WIFE William Larkin (Dec'd)
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Wayne Knight, Gallatin, Mo.	ADDRESS Gallatin, 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		INTERVAL BETWEEN ONSET AND DEATH 10 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Vascular Disease		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) 443X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 **Nov 9, 1955**, to **Nov 9, 1955**, that I last saw the deceased alive on **Nov 8, 1955**, and that death occurred at **3:20A m.**, from the causes and on the date stated above.

23a. SIGNATURE Flora E. Nelson	(Degree or title)	23b. ADDRESS Gallatin, Mo.	23c. DATE SIGNED 11-10-55
---------------------------------------	-------------------	-----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-11-1955	24c. NAME OF CEMETERY OR CREMATORY Pythian Cemetery	24d. LOCATION (City, town, or county) (State) Bethany, Missouri
---	-----------------------------	--	--

DATE REC'D BY LOCAL REG. 11-17-55	REGISTRAR'S SIGNATURE Vergene M. Engelhart	25. FUNERAL DIRECTOR'S SIGNATURE H. P. Richerson	ADDRESS Hope Funeral Home, Gallatin, Mo.
--	---	---	---

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

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 *L. O. Richeson*.....

Licensed Embalmer No. *330*

P. O. Address *Fall River*

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.