

FILED APR 2 - 1956

STANDARD CERTIFICATE OF DEATH

State File No. 9890

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN RURAL-JACKSON TWP.) c. LENGTH OF STAY (In this place) 10 Mo.		c. CITY OR TOWN JACKSON TWP. d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 2, PARIS		STREET ADDRESS (If rural, give location) Rt. 2, PARIS 0690	

3. NAME OF DECEASED a. (First) MARGARET b. (Middle) LARKIN c. (Last) EDELSTEIN			4. DATE OF DEATH (Month) (Day) (Year) MAR 26 1956		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH NOV. 29, 1910		9. AGE (In years last birthday) 45		IF UNDER 1 YEAR (Month) (Day) (Year) 4 27	
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) GARY, IND.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME CHARLES LARKIN		13b. MOTHER'S MAIDEN NAME MARGARET MOORE		14. NAME OF HUSBAND OR WIFE RAYMOND EDELSTEIN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. YES		17. INFORMANT'S SIGNATURE OR NAME RAYMOND EDELSTEIN, PARIS, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Portal Hypertension Cirrhosis		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 Hrs	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) of liver			
		DUE TO (c) Lung cancer			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		of Wound from gunshot			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Widening Mo		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (Specify) HOMICIDE		21b. PLACE OF INJURY (a.e., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 5810	
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 **MAR 25 1956**, to **MAR 26 1956**, that I last saw the deceased alive on **MAR 26 1956**, and that death occurred at **5:00 A.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm M. Bapsted M.D.		23b. ADDRESS PARIS, Mo.		23c. DATE SIGNED 3-26-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-28-56		24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE	
24d. LOCATION (City, town, or county) (State) PARIS, Mo		25. FUNERAL DIRECTOR'S SIGNATURE Speed Blakey		ADDRESS PARIS, MISSOURI	
DATE REC'D BY LOCAL REG. 3-27-56		REGISTRAR'S SIGNATURE F. A. Barnes M.D.			

(Licensed Embalmer's Statement on Reverse Side)

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 *E. H. Agnew*

Licensed Embalmer No. 400

P. O. Address PARIS, MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.