

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

BIRTH NO. 327 22036-56 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 142

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| 1. PLACE OF DEATH a. COUNTY Boone | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia | | c. CITY OR TOWN Columbia | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital | | e. STREET ADDRESS (If rural, give location) 909 Again St. 21050 | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) LAURIE | b. (Middle) ANN | c. (Last) LARSON | 4. DATE OF DEATH (Month) (Day) (Year) May 3, 1956 |
|-------------------------------------|-------------------|-----------------|------------------|--|

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|---------------|------------------------|--|------------------------------|-----------------------------------|------------------------|---------------------|------------------------|------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH May 1, 1956 | 9. AGE (In years last birthday) 2 | IF UNDER 1 YEAR Months | IF UNDER 1 HR. Days | IF UNDER 15 MRS. Hours | Min. |
|---------------|------------------------|--|------------------------------|-----------------------------------|------------------------|---------------------|------------------------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Columbia, Missouri. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Sidney Larson | 13b. MOTHER'S MAIDEN NAME George Ann Madden | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Sidney Larson, Columbia, Mo. | ADDRESS |
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| 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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene large + small bowel | | Unknown |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intraabdominal Infection and volvulus small bowel DUE TO (c) in period preceding birth | | " |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none | | " | |

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| 19a. DATE OF OPERATION 5-1-56 | 19b. MAJOR FINDINGS OF OPERATION as above | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) m. | 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 5-1, 1956, to 5-3, 1956, that I last saw the deceased alive on 5-3, 1956, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE Ray B Lewis (Degree or title) M.D. | 23b. ADDRESS 909 University, Columbia | 23c. DATE SIGNED 5-5-56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 5-4-1956 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | 24d. LOCATION (City, town, or county) (State) Columbia, Missouri. |
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| DATE REC'D BY LOCAL REG. May 5 1956 | REGISTRAR'S SIGNATURE Mrs. R.E. Palmer | 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Career Funeral Service, Columbia, Mo. |
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ⁷⁴embalmed
by me, or by Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *J. W. Phillips*
Licensed Embalmer No. *48*
P. O. Address *Columbus*

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.