

FILED APR 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13354  
State File No. 1507

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>1 yr</u>	c. CITY OR TOWN <u>Kansas City</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 HOSPITAL OR INSTITUTION <u>4261 Street</u>		e. STREET ADDRESS (If rural, give location) <u>825 4 W. 61st. St. 3880</u>	
3. NAME OF DECEASED a. (First) <u>Henry</u> b. (Middle) <u>Clyde</u> c. (Last) <u>Larsen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 7 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 23, 1889</u>
9. AGE (in years) last birthday <u>66</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>17</u>	IF UNDER 14 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Culbourn Serviceman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Beloit Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Chris Larsen</u>	
13b. MOTHER'S MAIDEN NAME <u>Nicholena Christensen</u>		14. NAME OF HUSBAND OR WIFE <u>Josie Larsen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-03-8851</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Josie Larsen 4261 St. K.C. Mo.</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion 2</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) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Post Refused</u>	
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) 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 _____, 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>Hugh H. Owens</u> (Degree or title)		23b. ADDRESS <u>1034 Oakto Bldg</u>	23c. DATE SIGNED <u>4-7-56</u>
24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <u>Apr 9, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Floreal Hills Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Raytown, Mo.</u>
DATE REC'D BY LOCAL REG. <u>4-7-56</u>	REGISTRAR'S SIGNATURE <u>neva minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. Clark Hegert Raytown, Mo.</u>	

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

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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 embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Clark Heger*

Licensed Embalmer No. *398*

P. O. Address *Raytown*

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.