

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13355**  
**1387**

BIRTH NO.		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>1387</b>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Minnesota</b> b. COUNTY <b>Rice</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>4 weeks</b>		c. CITY OR TOWN <b>Nerstrand</b>		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 <b>St. Luke's Hospital</b>				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>LESTER</b>		b. (Middle) <b>SAM</b>		c. (Last) <b>LARSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 30, 1956</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>March 27, 1893</b>	
9. AGE (In years last birthday) <b>63</b>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Baldwin, Wisconsin</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Lars Larson</b>		13b. MOTHER'S MAIDEN NAME <b>Sophia Thoen</b>		14. NAME OF HUSBAND OR WIFE <b>Sophia Larson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>—</b>		17. INFORMANT'S SIGNATURE OR NAME <b>W.M. Farmer, 7053 Cedar, Prairie Village, Ks.</b> ADDRESS			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ventricular infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Rupture L. Ventrical</b> DUE TO (c) <b>myocardial infarct</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>A-S.C.V.D.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b> <b>4 wks</b> <b>10 yrs</b> <b>4301</b>	
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) (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 <b>3-1</b> , 19 <b>56</b> , to <b>3-30</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>3-29</b> , 19 <b>56</b> , and that death occurred at <b>9:18 P.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>R.B. Hodgson MD</b> (Degree or title)				23b. ADDRESS <b>8829 Woodson Meyer</b>		23c. DATE SIGNED <b>3-31-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3/31/56</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Faribault, Minnesota</b>	
DATE REC'D BY LOCAL REG. <b>3-31-56</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE UND. CO.</b>		ADDRESS <b>K.C.MO.</b>	

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

D. K. B. Hodgson  
5829 Woodson  
Ra 2-1100

Lassa  
Epp 9:25

Alta 2-until 5

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 *Elmer D. Triplett*

Licensed Embalmer No. 4811

P. O. Address *Bansu City*

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.