

FILED NOV 1 1957

STANDARD CERTIFICATE OF DEATH

35957

STATE FILE NUMBER

Registration District No. 1 149 Primary Registration District No. 1002 Registrar's No. 4730

S. 300
v. 1-57

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VILLAGE GREEN 4521 HANOVER COURT</u>		Length of stay in 1b <u>12 YEARS</u>	d. STREET ADDRESS (If outside institution) <u>VILLAGE GREEN 4521 HANOVER COURT</u>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>HARRY</u> Middle <u>MILAN</u> Last <u>LARIMER SR.</u>			4. DATE OF DEATH Month <u>OCTOBER</u> Day <u>11</u> Year <u>1957</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB-15-1890</u>	9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of year. If retired, state so.) <u>FACTORY REPRESENTATIVE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>WHOLESALE FURNITURE</u>	11. BIRTHPLACE (City and state or country) <u>PITTSBURG, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>HENRY LARIMER</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH LITHICUM</u>		14. NAME OF HUSBAND OR WIFE <u>VIRGINIA LARIMER</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES U.W.W.</u>		16. SOCIAL SECURITY NO. <u>51-14-1007</u>		17. INFORMANT <u>HUBSON Mrs. Virginia Larimer</u> Address <u>4521 Hanover Court K.C., 770-</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute coronary failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary insufficiency</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____					INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u> <u>years</u> <u>4201</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Aug. 1955</u> to <u>date</u> and last saw him alive on <u>Aug. 29, 1957</u> Death occurred at <u>6:00 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>M.R. Lippman</u> (Degree or title)		22b. ADDRESS <u>N.O. 2 918 E. 50 Highway</u>		22c. DATE SIGNED <u>10/13/57</u>	
23a. BURIAL, CREMATION, REMOVED (Specify) <u>BURIAL</u>		23b. DATE <u>OCT-13-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>EVERGREEN CEMETERY</u>	
24. FUNERAL DIRECTOR <u>D.W. Newcomer's Sons</u> ADDRESS <u>1331 BAYSH CREEK K.C., 770-</u>		25. DATE RECD. BY LOCAL REG. <u>10-13-57</u>		23d. LOCATION (City, town, or county) (State) <u>FORT SCOTT, KANSAS</u>	
26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>					

M.R. Lippman D.O. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.



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 *Bern Laufer*

Licensed Embalmer No. *4915*

P. O. Address *478 32nd NC*

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.