

FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3948

STATE FILE NUMBER

68

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 68

300
-57

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Parsons		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1615 Bredell			Length of stay in 1b 2 DAYS	d. STREET ADDRESS (If outside, give location) 1201 S. 12th St.			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED First Middle Last CHARLES LEE LARGENT				4. DATE OF DEATH Month Day Year Jan. 8 1958			
5. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 1/9/1908		9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months Days 11 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY U.S. Chrome Metal Co		11. BIRTHPLACE (City and state or country) Bentonville Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Edward Largent			13b. MOTHER'S MAIDEN NAME Alice Kohley		14. NAME OF HUSBAND OR WIFE Roberta Bassett		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No NONE		16. SOCIAL SECURITY NO. 490-10-0561		17. INFORMANT Address Mrs. Charles L. Largent Parsons Kansas			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) coronary artery disease						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____						4-201	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <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 _____ to _____ and last saw her him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Herbert R. Domke, MD, Local Registrar				22b. ADDRESS 651 S. Brentwood, Clayton, Mo.		22c. DATE SIGNED 1/17/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1/9/1958	23c. NAME OF CEMETERY OR CREMATORY Osark Memorial		23d. LOCATION (City, town, or county) (State) Joplin Missouri		
24. FUNERAL DIRECTOR ADDRESS Ambruster Mortuary 6633 Clayton Rd.				25. DATE RECD. BY LOCAL REG. Jan 9, 1958		26. REGISTRAR'S SIGNATURE Herbert R. Domke MD	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

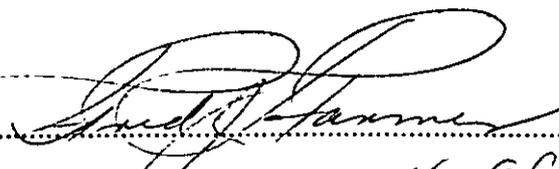
ac

JAN 27 1958

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 

Licensed Embalmer No. 4788

P. O. Address St. Louis, Mo.

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.