Health, & Welfare Public Service

S. 300
1-57

FILED MAR 3 - 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-006695
STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 137

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1200 W. 14th — Length of stay in Hospital Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pettis
c. CITY OR TOWN Sedalia — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1200 West 14th — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First William Middle Henry Last Larrimore

4. DATE OF DEATH Month Feb Day 21 Year 1958

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED** [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH June 4 1871

9. AGE (In years last birthday) 87 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Labor

11. BIRTHPLACE (City and state or country) Sedalia Mo

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME unknown

13b. MOTHER'S MAIDEN NAME Martha unknown

14. NAME OF HUSBAND OR WIFE unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. none

17. INFORMANT Leo Moore Address St Louis Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Occlusion — INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic myocarditis — 1 year
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Arteriosclerosis, senility 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

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 [ ] **NOT WHILE AT WORK** [ ]

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 Dec 18-57 to Dec 21-58 and last saw him alive on 2-21-58
Death occurred at 9 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A.R. Maddox M.D.

22b. ADDRESS Sedalia Mo

22c. DATE SIGNED 2-24-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2-24-58

23c. NAME OF CEMETERY OR CREMATORY Crown Hill

23d. LOCATION (City, town, or county) Sedalia (State) Mo

24. FUNERAL DIRECTOR McLaughlin Bros. **ADDRESS** Sedalia

25. DATE RECD. BY LOCAL REG. 2-24-1958

26. REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

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

APR 23 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 K. P. McCrary

Licensed Embalmer No. 3153

P. O. Address Sedalia, M

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.