

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012229  
STATE FILE NUMBER

FILED MAY 14 1959 Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		c. CITY OR TOWN Pierce City Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 701 Lincoln		d. STREET ADDRESS (If outside, give location) One mile East Of PC	
3. NAME OF DECEASED (Type or print) First Middle Last Mary Elizabeth Larkin		4. DATE OF DEATH Month Day Year 5 5 1959	
5. SEX F	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-2-1866
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Mahanoy City Penn.
13a. FATHER'S NAME Edward Maher		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Ed Larkin Address Pierce City Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis DUE TO (b) Gen Arteriosclerosis DUE TO (c) 332x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bulatent Bronchopneumonia			INTERVAL BETWEEN ONSET AND DEATH 2 wks ?
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, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1-11-59 to 5-5-59 and last saw her alive on 5-1-59 Death occurred at 7:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE F. E. Edwards (Deceased or title)		22b. ADDRESS Monett, Mo	
22c. DATE SIGNED 5-5-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-8-1959	23c. NAME OF CEMETERY OR CREMATORY St Patricks	23d. LOCATION (City, town, or county) Pierce Cit Mo. (State)
24. FUNERAL DIRECTOR ADDRESS Willk Bros. Pierce City Mo.		25. DATE RECD. BY LOCAL REG. 5-6-59	26. REGISTRAR'S SIGNATURE Mrs P.N. Cook

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1001 2 6 1059

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 Edwin Wilks, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Edwin Wilks

Licensed Embalmer No. 4131

P. O. Address Pierce City, 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.