

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018264

STATE FILE NUMBER

FILED JUN 8 1959 Registration District No. <u>166</u> Primary Registration District No. <u>5605</u> Registrar's No. <u>14</u>			
1. PLACE OF DEATH a. COUNTY Johnson b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> c. FULL NAME OF HOSPITAL OR INSTITUTION USAF in Hospital Whiteman AF Base Length of stay in 1b 7 hours		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 <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS 1808 East 5th (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) JERRY ROBERT LARSEN First Middle Last		4. DATE OF DEATH June 3 1959 Month Day Year	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 24, 1959
9. AGE (In years last birthday) 0		IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -		10b. KIND OF BUSINESS OR INDUSTRY -	
11. BIRTHPLACE (City and state or country) Sedalia, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Robert Louis Larsen		14. MOTHER'S MAIDEN NAME Mary Lou Dillon	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -		16. SOCIAL SECURITY NO. -	
17. INFORMANT Robert T. Larsen Address		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Aspiration pneumonia DUE TO (c) Castitis		INTERVAL BETWEEN ONSET AND DEATH	
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"/> 2	
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.) 543 X	
20c. TIME OF INJURY Hour - Month - Day - Year -		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 3 June 59 to 3 June 59 and last saw him alive on 3 June 59 Death occurred at 4:24 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Gerald J. Glevel MD (Degree or title)		22b. ADDRESS Whiteman AFB, Missouri	
22c. DATE SIGNED 3 Jun 59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE June 5, 1959		23c. NAME OF CEMETERY OR CREMATORY Brown Hill	
23d. LOCATION (City, town, or county) Sedalia Mo		23e. STATE Mo	
24. FUNERAL DIRECTOR M. Langolin Bros - Sedalia Mo ADDRESS		25. DATE RECD. BY LOCAL REG. June 4 - 1959	
26. REGISTRAR'S SIGNATURE Ema L. Busatty		(Licensed Embalmer's Statement on Reverse Side)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
K.P.M. Leary

Licensed Embalmer No.....

P. O. Address.....
Sedalia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.