

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-035271**

FILED VS. OCT 26 1959 042

Registration District No. 009 Primary Registration District No. 1000 Registrar's No. 1041

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Buchanan</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>		Length of stay in 1b ---		c. CITY OR TOWN <b>Faucett, rural</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. Mo. Meth. Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Crawford Twsp.</b>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ARTHUR</b> Middle Last <b>LARSON</b>				4. DATE OF DEATH <b>October 7, 1959</b> Month Day Year			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4-20-1902</b>	9. AGE (last birthday) <b>57</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Laborer (beer mill)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Armour &amp; Co.</b>		11. BIRTHPLACE (City and state or country) <b>New York</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME (correct) <b>Warren VanVacter</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Covey</b>		14. NAME OF HUSBAND OR WIFE <b>Marie Larson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. ---		17. INFORMANT Address <b>Marie Larson, Faucett, Missouri</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b>						INTERVAL BETWEEN ONSET AND DEATH <b>immediate</b>	
DUE TO (b) <b>Arteriosclerotic Heart Disease</b>						Unk	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 <b>6:20 P.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>County Health Officer</b> <i>Martin H. Christ</i>				22b. ADDRESS <b>6106 King Hill Ave</b>		22c. DATE SIGNED <b>10-9-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10-10-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Faucett Baptist Cemetery</b>		23d. LOCATION (City, town, or county) <b>Faucett, Missouri</b>		(State)
24. FUNERAL DIRECTOR <i>John C. [unclear]</i>		ADDRESS <b>St. Joseph, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Oct. 19, 1959</b>	26. REGISTRAR'S SIGNATURE <i>Miss Clark Goodell</i>		

DOCUMENT

BY AFFIDAVIT OF M. H. Christ, Medical Certification

