

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018045

FILED VS. MAY 4 1960 338

Registration District No. 338 Primary Registration District No. 6149 Registrar's No. 18

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Stoddard									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural (Castor)		Length of stay in 1b		c. CITY OR TOWN Dexter		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R. F. D. #2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Julia Middle Frances Last Larsen				4. DATE OF DEATH Month April Day 21 Year 1960									
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-30-1874		9. AGE (last birthday) 86		IF UNDER 1 YEAR Months 2 Days 21		IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired House-keeper				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Dexter, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.					
13a. FATHER'S NAME William Elrod				13b. MOTHER'S MAIDEN NAME Nancy Lackey				14. NAME OF HUSBAND OR WIFE John Christian Larsen (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 Address Everett Larsen, Dexter, 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) Cardioma of right chest and right side of neck Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. none 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 type="checkbox"/> No <input type="checkbox"/> Unknown										INTERVAL BETWEEN ONSET AND DEATH one year			
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 Month, Day, Year a.m. p.m. 		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 Jan. 1959 to 3-21-60 and last saw her alive on 3-21-60 Death occurred at 4:20 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>D. Robert Libben, D.O.</i> (Degree or title)						22b. ADDRESS Dexter, Missouri			22c. DATE SIGNED 4-27-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-23-60		23c. NAME OF CEMETERY OR CREMATORY West Antioch		23d. LOCATION (City, town, or county) (State) Near Bloomfield, Mo.							
24. FUNERAL DIRECTOR Strickland-Rainey ADDRESS Dexter, Mo.				25. DATE RECD. BY LOCAL REG. 4-30-60		26. REGISTRAR'S SIGNATURE <i>Mrs. George L. Baker</i>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Lucille Rainey

Licensed Embalmer No. 4983

P. O. Address Dexter, 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.