

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027972

FILED VS AUG 3 1960 394

Registration District No. \_\_\_\_\_ Primary Registration District No. 4449 Registrar's No. 70

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Reynolds				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Reynolds					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ellington		Length of stay in 1b 40 Yrs		c. CITY OR TOWN Ellington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Own Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last William Edgar Larkin				4. DATE OF DEATH Month Day Year July 18, 1960					
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-6-1885	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months 6 Days 12	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fire Inspector			10b. KIND OF BUSINESS OR INDUSTRY Timber		11. BIRTHPLACE (City and state or country) Centerville, Missouri		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Charlie W. Larkin			13b. MOTHER'S MAIDEN NAME Bell Hunter			14. NAME OF HUSBAND OR WIFE Zona Larkin			
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. 494-05-5625		17. INFORMANT Zona Larkin			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) Myocardial Degeneration - 1 yr DUE TO (b) Arteriosclerosis (cardiac) 3-5 yrs DUE TO (c) Senility							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) Hypertension - 6 B. Surg - 1958-59							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		
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 1958 to 5/14/60 and last saw her alive on July 18/60 Death occurred at 3:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Kenneth T. Carter M.D.				22b. ADDRESS Ellington, Missouri			22c. DATE SIGNED 7-19-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial I		23b. DATE 7-20-60	23c. NAME OF CEMETERY OR CREMATORY Ellington City		23d. LOCATION (City, town, or county) Ellington, Mo.		(State)		
24. FUNERAL DIRECTOR Pewitt Funer al Home Ellington, Mo.				25. DATE RECD. BY LOCAL REG. July 22, 1960		26. REGISTRAR'S SIGNATURE Edna Jarvie			

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 \_\_\_\_\_

*James L. Smith*

Licensed Embalmer No. 4574

P. O. Address Ellington, Ill.

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.