MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-028113
STATE FILE NUMBER

AMENDED F

Registration District No. 356 Primary Registration District No. 6211 Registrar's No. 66

FILED JUL 17 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Texas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Roby, Missouri Roubidoux TWP — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Texas
c. CITY OR TOWN: Roby — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Joe Middle: S. Largent Last:
4. DATE OF DEATH: Month: July Day: 8 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3/25/73
9. AGE (last birthday): 88 — IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Plato, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Pres Largent
13b. MOTHER'S MAIDEN NAME: Adaline Largent
14. NAME OF HUSBAND OR WIFE: Mary Edith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Elbert Largent, Roby, Mo. Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac & pulmonary arrest
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): cachexia & debilitation — 1 year.
DUE TO (c): congestive heart disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1959, to 1961 and last saw ~~her~~ him alive on July 5, 1961
Death occurred at 8:30PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: B. J. Myers DO. (Degree or title)
22b. ADDRESS: Licking, Mo.
22c. DATE SIGNED: 7-11-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/10/61
23c. NAME OF CEMETERY OR CREMATORY: Mt. Pisgah
23d. LOCATION (City, town, or county) (State): Texas County, Missouri

24. FUNERAL DIRECTOR: Raymond E. Duff, Houston, Mo. ADDRESS:
25. DATE RECD. BY LOCAL REG.: 7-14-61
26. REGISTRAR'S SIGNATURE: Myrtle Craig M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Fred W. Barnes

Licensed Embalmer No. 4614

P. O. Address Houston, T

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.