

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-007657

STATE FILE NUMBER

Registration District No. 314 Primary Registration District No. _____ Registrar's No. 95

AMENDED

FILED MAR 6 1962

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| 1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST. FRANCOIS</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Esther, Missouri</u> | | c. CITY OR TOWN <u>Esther, MO</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME</u> | | d. STREET ADDRESS (If outside, give location) <u>603 Fourth St</u> | |

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|--|----------------------------------|---|---|---|--|--|
| 3. NAME OF DECEASED (Type or print) First <u>Bertha</u> Middle <u>L</u> Last <u>LARKIN</u> | | | 4. DATE OF DEATH Month <u>FEB</u> Day <u>18</u> Year <u>1962</u> | | | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>JAN 10, 1897</u> | 9. AGE (last birthday) <u>65</u> | 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) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE-WIFE</u> | | 11. BIRTHPLACE (City and state or country) <u>LANTWELL, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>WILLIAM REDFERN</u> | | 13b. MOTHER'S MAIDEN NAME <u>LISSIE MARLER</u> | | 14. NAME OF HUSBAND OR WIFE <u>WILLIAM LARKIN</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT <u>MR. WILLIAM LARKIN</u> Address <u>Esther MO.</u> | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Acute pulmonary edema</u> | | | |
| DUE TO (b) <u>Rheumatic Heart disease</u> | | | |
| DUE TO (c) <u>Rheumatic fever</u> | | | <u>1 hr.</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | <u>20 yrs.</u> |
| 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 |

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| 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. | | 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 4-15-61 to 2-18-62 and last saw her her alive on 2-18-62
Death occurred at 10:20 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <u>W. Paul Dunn, M.D.</u> | | 22b. ADDRESS <u>Flat 100, No. _____</u> | | 22c. DATE SIGNED <u>2/20/62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>2-21-1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>ST. FRANCOIS MEM PARK</u> | 23d. LOCATION (City, town, or county) <u>BOWNE TERRE MO.</u> | |

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| 24. FUNERAL DIRECTOR <u>R. KALDWELL & SONS</u> | ADDRESS <u>4505 FLAT RIVER, MO.</u> | 25. DATE RECD. BY LOCAL REG. <u>Feb. 20, 1962</u> | 26. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u> |
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 SHOULD READ
 ITEM NO.

MAR 27 1963

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 Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat River, 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.