MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011613
STATE FILE NUMBER

Registration District No. 756 Primary Registration District No. 2001 Registrar's No. 160

FILED MAR 27 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 6499
2 5490
3
4 0
5 1
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9 4201
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12 4-0
13 2-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED	INSTEAD OF	SHOULD READ	BY AFFIDAVIT OF

ITEM NO.

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin — Length of stay in 1b: 10 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Freeman Hospital — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jasper
c. CITY OR TOWN: Carl Junction, Mo. — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 209 No. Roney St. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First ADOL Middle G. Last LARSON
4. DATE OF DEATH: Month March Day 16, Year 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-21-1900
9. AGE (last birthday): 61 — 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): Du Pont Powder Co.
10b. KIND OF BUSINESS OR INDUSTRY: Explosives
11. BIRTHPLACE (City and state or country): Carl Junction, Mo
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: John Larson
13b. MOTHER'S MAIDEN NAME: Anna Larson
14. NAME OF HUSBAND OR WIFE: Maudie Cooley Larson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of serv
16. SOCIAL SECURITY NO.:
17. INFORMANT: Maudie Cooley Larson, Address: Carl Junction, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Circulatory Failure, Acute — INTERVAL BETWEEN ONSET AND DEATH: min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Myocardial infarction, — 6 mos
DUE TO (c): Coronary Arteriosclerosis — yrs
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. ☐ 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 ____, to ____ and last saw her/him alive on ____
Death occurred at 12:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: A C Upshaw (Degree or title) MD
22b. ADDRESS: Kansas City, Mo
22c. DATE SIGNED: 3/16/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-18-1962
23c. NAME OF CEMETERY OR CREMATORY: Carl Junction Cemetery
23d. LOCATION (City, town, or county) (State): Carl Junction, Missouri
24. FUNERAL DIRECTOR: Don Roney, ADDRESS: Carl Junction, Missouri
25. DATE RECD. BY LOCAL REG.: 3-20-1962
26. REGISTRAR'S SIGNATURE: Dove Merriam

(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 Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, 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.