

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023651

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 342

STATE FILE NUMBER

FILED JUL 10 1962	
1. PLACE OF DEATH a. COUNTY Jasper	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin	Length of stay in 1b 5 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 501 Porter Avenue	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS (If outside, give location) 501 Porter Avenue	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOHN Middle KEITH Last LARIMORE	
4. DATE OF DEATH July 3, 1962	
5. SEX M	6. COLOR OR RACE W
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-14-1915
9. AGE (last birthday) 46	
IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elec. Eng. Service Dept.	
10b. KIND OF BUSINESS OR INDUSTRY Burroughs Corp.	
11. BIRTHPLACE (City and state or country) Blackwell, Okla.	
12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Dr. L. S. Larimore	
13b. MOTHER'S MAIDEN NAME Verna Swain	
14. NAME OF HUSBAND OR WIFE Virginia T. Larimore, 4-1-1962	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. II - Navy	
16. SOCIAL SECURITY NO. Unk	
17. INFORMANT Son- Address Leland Keith Larimore, 1884 Jaccard, Joplin	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shotgun put in mouth and killed himself	
INTERVAL BETWEEN ONSET AND DEATH Inst.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 11:00 Month, Day, Year 7-3-62 p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) home	
20f. CITY, TOWN, OR LOCATION 501 Porter Ave. Joplin, Mo.	
21. I attended the deceased from did not attend , to _____ and last saw ^{her} him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Leland Keith Larimore D.D.S. Coroner	
22b. ADDRESS 508 Frisco Bldg. Joplin, Mo.	
22c. DATE SIGNED 7-6-62 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 7-7-1962	
23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park,	
23d. LOCATION (City, town, or county) Joplin, Missouri	
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MISSOURI	
25. DATE RECD. BY LOCAL REG. 7-6-62	
26. REGISTRAR'S SIGNATURE Dove Merriam	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59
10499
204992
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9976X
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1290-3
13 2-0

JUL 12 1962
AUG 14 1962
JUL 19 1962

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 Robert A. Cook

Licensed Embalmer No. 5193

P. O. Address Jaylin 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.