MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-027207 ✓
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3744

FILED AUG 2 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
2 3468
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4 0
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 62 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: TRINITY LUTHERAN HOSP. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3804 BELL STREET — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: EDWARD Middle: WILLIAM Last: LARSON, SR.

4. DATE OF DEATH: Month: JULY Day: 16th Year: 1962

5. SEX: MALE

6. COLOR OR RACE: CAUCSIAN

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 5/25/1900

9. AGE (last birthday): 62

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): DECORATOR

10b. KIND OF BUSINESS OR INDUSTRY: INTERIOR

11. BIRTHPLACE (City and state or country): KANSAS CITY, MO. U.S.A.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: OSCAR MAGNUS LARSON

13b. MOTHER'S MAIDEN NAME: FREDERICKA LONN

14. NAME OF HUSBAND OR WIFE: MELBA FAE LARSON

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.:

17. INFORMANT: MELBA FAE LARSON — Address: 3804 BELL STREET KANSAS CITY, MO.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Uremia	10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. — DUE TO (b)	Nephritis	3 yrs
DUE TO (c)	Emphysema	5 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 May 1, 1962 to July 16, 1962 and last saw him alive on July 16, 1962

Death occurred at 12.10 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M.B. Casebolt MD

22b. ADDRESS: 4600 Baltimore

22c. DATE SIGNED: 7-16-62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: JULY 18, '62

23c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK CEMETERY

23d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR ADDRESS: D.W. Newcomer's Sons, Knasas City, Mo 1331 Brush Creek Blvd.

25. DATE RECD. BY LOCAL REG.: 7-18-62

26. REGISTRAR'S SIGNATURE: Ruth W. Long

(Licensed Embalmer's Statement on Reverse Side)

M.B. Casebolt MD MEDICAL CERTIFICATION

Dr M.B. Casebolt M.D
4000 Baltimore

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 Chester K Brown

Licensed Embalmer No. 4931

P. O. Address K C 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.