

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-006245**

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. - Registrar's No. 80

AMENDED

**FILED VS MAR 7 1961**

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

3. NAME OF DECEASED (Type or print) First <u>LARREE</u> Middle <u>WILLIAM</u> Last <u>LARKIN</u>			4. DATE OF DEATH Month <u>FEB</u> Day <u>28</u> Year <u>1961</u>		
5. SEX <u>MALE</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>AUG 22 1918</u>	9. AGE (last birthday) <u>42</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>03</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>FARM IMPLEMENT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARM IMPLEMENT</u>	11. BIRTHPLACE (City and state or country) <u>Esther, MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>RAY LARKIN</u>	13b. MOTHER'S MAIDEN NAME <u>LORA HARRIS</u>	14. NAME OF HUSBAND OR WIFE <u>LASTINE LARKIN</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown) (If yes, give war or dates of service) <u>YES WWII</u>	16. SOCIAL SECURITY NO. <u>498-03-8223</u>	17. INFORMANT <u>Mrs. Lastine Larkin</u>	Address <u>Esther, MO.</u>
---	---	---	-------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Natural Causes</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Heart disease + arteriosclerosis</u>	
	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 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 _____ Month _____ Day _____ Year _____ 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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at 12:30 p on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Ted Boyer, Coroner</u>	(Degree or title)	22b. ADDRESS <u>Bonne Terre</u>	22c. DATE SIGNED <u>2-28-61</u>
---	-------------------	------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>3-4-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN LEM</u>	23d. LOCATION (City, town, or county) (State) <u>Esther, MO.</u>
--	------------------------------	---	---

24. FUNERAL DIRECTOR <u>R. ZALDwell &amp; SONS</u>	ADDRESS <u>Flat River, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Mar. 2, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Esther Rupploff</u>
---	-----------------------------------	---	---

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

MAR 14 1961

AUG 31 1961

**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.