

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3498

State File No.

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>		c. CITY OR TOWN <u>Dexter</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>6 mo</u>		STREET ADDRESS (If rural, give location) <u>227 Sassafras St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>602 Dorothy</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lula</u> b. (Middle) <u>-</u> c. (Last) <u>Larnie</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 8 1956</u>		
5. SEX <u>f. m.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 11, 1899</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>27</u>
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 _____	11. BIRTHPLACE (City and State of Foreign Country) <u>Dexter, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>James Walls</u>	13b. MOTHER'S MAIDEN NAME <u>Flora Jones</u>	14. NAME OF HUSBAND OR WIFE <u>Louis Larnie (Dec)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Louis Walls Sikeston, Mo</u> ADDRESS _____

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Vulva</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>18 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1. Anemia 3. Uremia, 2. contusion 3-4 mo</u> <u>2. Uremia 4.</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>176X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 1, 1955, to Jan 8, 1956, that I last saw the deceased alive on Jan 8, 1956, and that death occurred at 2 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Lula Larnie</u> (Degree or title) _____	23b. ADDRESS <u>5, Keston Mo</u>	23c. DATE SIGNED <u>1.18.56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>1-11-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lidlers Chapel</u>
24d. LOCATION (City, town, or county) (State) <u>Dexter, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>1-14-56</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>Christen</u> ADDRESS <u>General Home Sikeston, Mo.</u>
---	---	--

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 16 1956

DATE RECEIVED _____

SCOTT CO. HEALTH DEPT.

CO. FILE No. 156-16

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 J. E. McMillan _____

Licensed Embalmer No. 1569

P. O. Address Shelburne

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.