

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 30 1957

State File No. **3417**
Registrar's No. **9**

BIRTH NO. _____		REG. DIST. NO. 347		PRIMARY REG. DIST. NO. 6164		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY Stone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stone			
b. CITY (If outside corporate limits, write RURAL and give township) Rural "Grant"		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) Rt 1 Marengo Mo 1040			
3. NAME OF DECEASED (Type or Print) a. (First) Kelly b. (Middle) Larnhart c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Jan 18 1957				
5. SEX Male		6. COLOR OR RACE W. White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Nov 30-1898	
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and State or Foreign Country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ray Larnhart		13b. MOTHER'S MAIDEN NAME Matt Head		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Jim Wald Crane mo			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Paralysis ANTECEDENT CAUSES DUE TO (b) Myocardial Infarction DUE TO (c) Coronary Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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)		4201	
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 10-17 , 19 56 , to 1-11 , 19 57 , that I last saw the deceased alive on 1-11 , 19 57 , and that death occurred at 1 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Signature or title) Dr. Glenn G. Ellis				23b. ADDRESS St. Louis Missouri		23c. DATE SIGNED 1-19-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/20/57	24c. NAME OF CEMETERY OR CREMATORY Wise Hill		24d. LOCATION (City, town, or county) (State) Christian co. mo		
DATE REC'D BY LOCAL REG. Jan. 19-57		REGISTRAR'S SIGNATURE Mrs J. Elmer Crossland		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glenn H. Moulton Crane mo			

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

per Rena Murray (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, ~~only~~ Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Clayton M. Mankin*

Licensed Embalmer No. *3827*

P. O. Address *Crewe, Va*

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.