

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041130

STATE FILE NUMBER

FILED NOV 25 1958

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 125

5. 300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Township</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Richmond</u> <u>0890</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ray Co. Memorial Hospital</u> Length of stay in 1b <u>6 days</u>		d. STREET ADDRESS (If outside, give location) <u>R.B.D. #1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Bertha Lucille Stark</u>			4. DATE OF DEATH Month Day Year <u>Nov. 20 1958</u>
5. SEX <u>Female</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>Feb. 22, 1901</u>
10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	9. AGE (In years last birthday) <u>57</u> F UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) <u>Colorado Springs, Colo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Burton Hatfield</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie McCormick</u>	
14. NAME OF HUSBAND <del>NAME</del> <u>Carl Oscar Stark</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>524-30-8107</u>		17. INFORMANT Address <u>Carl O. Stark Richmond, Missouri</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>CARCINOMA Sigmoid Colon</u> DUE TO (b) <u>Generalized METASTASIS</u> DUE TO (c) <u>CARCINOMA</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo</u> <u>11</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE · HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>1533</u>		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 <u>Sept-1-58</u> to <u>Nov-20-58</u> and last saw her alive on <u>Nov 20 58</u> Death occurred at <u>5:40 A.M.</u> on the date stated above and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>E E Jay MD</u>		22b. ADDRESS <u>Richmond Mo</u>	
22c. DATE SIGNED <u>11-20-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
23b. DATE <u>11/21/1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>unknown</u>	
23d. LOCATION (City, town, or county) (State) <u>unknown</u>		24. FUNERAL DIRECTOR <u>Funeral Home</u>	
25. DATE RECD. BY LOCAL REG. <u>11-21-1958</u>		26. REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 Morris D. Bailey .....

Licensed Embalmer No. 4827 .....

P. O. Address Richmond, 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.