DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1946

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 31146

Registration District No. 275 Primary Registration District No. 4409 Registrar's No. 5

**1. PLACE OF DEATH:**

(a) County Phelps

(b) City or town Newburg
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 7 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Phelps 81

(c) City or town Newburg
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? 120 (Yes or No)

If yes, name country

**3. (a) PRINT FULL NAME** Dwight D. Starbuck

3. (b) If veteran, name war

3. (c) Social Security No. 523-28-6681 Colo.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Alice Starbuck

6. (c) Age of husband or wife if alive years

7. Birth date of deceased [redacted] (Month) 1870 1[redacted] (Day) (Year)

**8. AGE:** Years 76 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Do not know
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Do not know
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Eugene Blue
(b) Address Newburg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/14/46 (Month) (Day) (Year)
(c) Place: burial or cremation Newburg Cemetery

18. (a) Signature of funeral director Lee Johnson
(b) Address Newburg Mo.

19. (a) Sept. 14, 1946 (Date received local registrar) (b) Mrs. Juanita Harvey (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Sept day 12
year 1946 hour 5 minute 30 a.M.

21. I hereby certify that I attended the deceased from 3, 19, to, 19
that I last saw him alive on Sept 1, 1946, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac insufficiency

Due to Mitral regurgitation

Due to Rheumatic heart disease

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Richard E. Myers (M.D. or other) D.O.

Address Newburg, Mo. Date signed Sept 13 1946

25 (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, ~~or by~~ .....

....., Registered Apprentice No.....

~~working under my personal supervision~~.

Signed Lee Johnson

Licensed Embalmer No. 3392

P. O. Address Newburg Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. Oef

Registration District No. 275 Primary Registration District No. 4409 Registrar's No. 5

**1. PLACE OF DEATH:**

(a) County Phelps

(b) City or town Newburg
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State (b) County

(c) City or town Newburg
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Dwight D. Starbuck

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Div

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 76 Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) Oct. 9, 1946 (Date received local registrar) (b) Mrs. Juanita Harvey (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. Day 2 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

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

31146