

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 14 1947
Registration District No. 14

Primary Registration District No. 5041

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Barry
(b) City or town "Rural"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 1/2 mi SE of Cassville /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Most of Life (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Lusetta Roxanna STARKEY

3. (b) If veteran, name war --- 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife John A. Starkey 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased May 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 10 16 -- hr. --- min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Andy Wimer 9
13. Birthplace Unknown 1
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Swank
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant John A. Starkey
(b) Address RFD., Cassville, Mo.

17. (a) Burial (b) Date thereof 3/18/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Horner Cemetery

18. (a) Signature of funeral director Koon Funeral Home
(b) Address Cassville, Mo.

19. (a) Mar 20-1947 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5
(c) City or town "Rural" 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 4 1/2 mi SE of Cassville
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th.
year 1947 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from Mar. 14, 1947, to Mar. 17, 1947.
that I last saw her alive on Mar. 17, 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 33B
Of operations _____
Of autopsy _____
PHYSICIAN _____

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?

While at work? _____ (Specify type of place)
(e) Means of injury D
23. Signature Herbert Dalgner (M. D. or other)
Address Cassville, Mo Date signed 3/19

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

RECEIVED

District Health Officer No. 6,

District File Number 447-388

Date Filed APR 2 1947

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.....

was not embalmed

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

~~working under my personal supervision.~~

NOT EMBALMED

Signed.....

J. C. Conada

Licensed Embalmer No. 4194

P. O. Address Cassville, 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 this body is not embalmed, fact should be so stated above.