

S. No. 2
M-5-43
7. 5-17-39
P I X3887

UNITED STATES BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12628

FILED APR 18 1947

Registration District No. 43

Primary Registration District No. 5143

Registrar's No. 146

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution:
Hiway 67 North in Ambulance Poplar Bluff
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francis

(c) City or town Farmington
(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 Orville Dennis Starnes

3. (b) If veteran, name war World War 2 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased March 18 1926
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 0 15 hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th
year 1947 hour 1 minute 30 A.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.

Immediate cause of death Basal Fracture Skull
Ribs fractured left side
Crushed left fore arm

Due to Automobile accident
with truck on hiway

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.

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

10. Usual occupation Steel worker

11. Industry or business _____

MOTHER FATHER { 12. Name Plummer M. Starnes

{ 13. Birthplace North Carolina
(City, town, or county) (State or foreign country)

{ 14. Maiden name Ollie Bowman

{ 15. Birthplace North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Russell Starnes

(b) Address Farmington, Missouri

17. (a) Removal (b) Date thereof 4-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmington, Missouri

18. (a) Signature of funeral director Miller Funeral Home

(b) Address Farmington, Missouri

19. (a) 4-10-47 (b) R. D. Minette
(Date received local registrar) (Registrar's signature)

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

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

(b) Date of occurrence April 6-1947

(c) Where did injury occur? Near Greenville - Wayne - Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
State Hiway #67

While at work? no (e) Means of injury Automobile

Signature Grove W. Green (M.D. or other) Coroner

Address Poplar Bluff Mo. Date signed 4/7-47

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

MAY 8 1947

RECEIVED

District Health Office No. 2,

District File Number 447-287

Date Filed 4-14-47

MAY 8 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....., Registered Apprentice No..... working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.