FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4239

FILED FEB 24 1948

Registration District No. ____ Primary Registration District No. 4097 Registrar's No. 31

1. PLACE OF DEATH:
(a) County: CASS
(b) City or town: HARRISONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MEMORIAL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 11 DAYS (Specify whether years, months or days)
In this community: 11 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: CASS 19
(c) City or town: BELTON "RURAL" 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 5 S.E. BELTON 0
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: HORATIO NEVADA STARKS.
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: EMILY HELEN STARKS
6. (c) Age of husband or wife if alive: 76 years
7. Birth date of deceased: DECEMBER (Month) 16 (Day) 1866 (Year)

8. AGE: Years 81 Months 2 Days 1 If less than one day ____ hr. ____ min.

9. Birthplace: TERRE HAUTE, (City, town, or county) INDIANA (State or foreign country)
10. Usual occupation: RET. CONTRACTOR
11. Industry or business:
MOTHER FATHER
12. Name: JAMES STARK
13. Birthplace: (City, town, or county) UNKNOWN (State or foreign country) 9
14. Maiden name: UNKNOWN
15. Birthplace: (City, town, or county) UNKNOWN (State or foreign country)
16. (a) Informant: MRS. H.N. STARKS
(b) Address: BELTON, MO.
17. (a) Burial, cremation, or removal: BURIAL (b) Date thereof: (Month) FEB. (Day) 19 (Year) 1948
(c) Place: burial or cremation: CLINTON MO.
18. (a) Signature of funeral director: E.R. Gieger & Sons
(b) Address: BELTON MO.
19. (a) Date received local registrar: Feb 20, 1948 (b) Registrar's signature: Laura J. Jones

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 17 year 1948 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from JANUARY 15, 1946, to FEB. 17, 1948; that I last saw him alive on FEB. 17, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CEREBRAL THROMBOSES	7 days
Due to: Arteriosclerosis, generalized	2 YRS.
Due to: SENILITY	3 YRS
Other conditions (Include pregnancy within 3 months of death): POLYARTHRITIS, CHRONIC	5 YRS.

Major findings:
Of operations: HYDROCELE, BILATERAL, CHRONIC, SEVERE, WITH MODERATE SECONDARY INFLAMMATION
Of autopsy: None made

PHYSICIAN
Underline the cause of 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: Herbert A. Tracy (M. D. or other) M.D.
Address: BELTON, MO. Date signed: 2/18/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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: A. K. George

Licensed Embalmer No. 3645

P. O. Address: Grandview 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.