

1. PLACE OF DEATH: (a) County Mercer (b) City or town Marian (c) Name of hospital or institution: no (d) Length of stay: In hospital or institution: all his life

2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County Mercer (c) City or town Rural (d) Street No. No (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME David Starks (b) If veteran, no (c) Social Security No. no

MEDICAL CERTIFICATION 20. DATE OF DEATH: Month July day 8 year 1948 hour 7 minute 30 A.M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married (b) Name of husband or wife Mary E. Starks (c) Age of husband or wife if deceased 27 years 7. Birth date of deceased April 17, 1868

21. I hereby certify that I attended the deceased from June 22, 1948 to July 8, 1948 that I last saw him alive on July 7, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Congestive Heart Failure 12 hrs Due to myocardial failure weeks

8. AGE: Years 80 Months 2 Days 21 If less than one day hr. 0 min. 9. Birthplace Mercer Co. Mo

Other conditions: (include pregnancy within 3 months of death) Major findings: Of operations: Of autopsies: PHYSICIAN Underline the cause of which death should be charged statistically.

10. Usual occupation: farmer 11. Industry or business: 12. Name Jim Starks 13. Birthplace Missouri 14. Maiden name Wright 15. Birthplace Missouri

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? (d) Did injury occur in or about home, on farm, in industrial place, in public place? While at work? 23. Signature: Geo. Dawson M.D. Address: Mercer Mo Date signed: July 8, 1948

16. (a) Informant: Mary E. Starks (b) Address: Princeton, Mo 17. (a) burial (b) Date thereof: 7-10-48 (c) Place: burial or cremation: Middlepoint 18. (a) Signature of funeral director: Noel Moss (b) Address: Princeton, Mo 19. (a) 7-8-48 (b) Registrar's signature: [Signature]

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Neil Moss

Licensed Embalmer No.....

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P. O. Address.....

Princeton

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

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