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3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 6 1948

Registration District No. 299

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 23913

Primary Registration District No. 3056

Registrar's No. 206

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

**1. PLACE OF DEATH:**

(a) County Randolph

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

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

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Randolph 88

(c) City or town Clifton Hill, R.F.D.
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #1
(If rural, give location)

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

If yes, name country

**3. (a) PRINT FULL NAME** Berkley Keelin Stark

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife E.B. Stark

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased August (Month) 11 (Day) 1890 (Year)

8. AGE: Years 57 Months 11 Days 11 If less than one day hr. min.

9. Birthplace Randolph County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name George L. Bradley
13. Birthplace Randolph County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Cynthia Francis Parker
15. Birthplace Randolph County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant E.B. Stark
(b) Address Clifton Hill, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/23/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director Tom B Patton
(b) Address Huntsville, Mo

19. (a) July 24-48 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature) 169

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 21 year 1948 hour 10:45 P.M. minute M.

21. I hereby certify that I attended the deceased from July 17, 1948, to July 21, 1948; that I last saw her alive on July 21, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Central Hemorrhage | 1 week |
| Due to: Essential Hypertension | 10 yrs. |
| 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 J W B Cinny Jr (M. D. ~~[illegible]~~)

Address Moberly, Missouri Date signed 7-26-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No
District File Number 8-48-
Date Filed AUG 4 1948

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**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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

**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.**