

FILED FEB 5 1949

Registration District No. 210

Primary Registration District No. 4322

Registrar's No. 4

1. PLACE OF DEATH:  
 (a) County Mercer  
 (b) City or town Princeton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Axtell Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Putnam  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Olen Orange Stark  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None  
 4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Donna Stark  
 6. (c) Age of husband or wife if alive 43 years  
 7. Birth date of deceased May 16, 1899  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
49 7 15 hr. min.

9. Birthplace Putnam County Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Rented Farm

12. Name Mahlon Stark

13. Birthplace Mo.  
 (City, town, or county) (State or foreign country)

14. Maiden name Effie May Varner  
 (City, town, or county) (State or foreign country)

15. Birthplace Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Don v. Stark  
 (b) Address Lucerne, Mo.

17. (a) Burial (b) Date thereof Jan. 3, 1949  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ravanna Cemetery Ravanna, Mo.

18. (a) Signature of funeral director Ames L. Shuler  
 (b) Address Lineville, Iowa.

19. (a) 1-24-49 (b) M. J. Rutz 393  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31  
 year 1948 hour 1 minute 45 A.M.  
 21. I hereby certify that I attended the deceased from 3 P.M.  
December 30, 1948 to Dec 31, 1948  
 that I last saw him alive on Dec 31, 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death: myocardial failure  
nephritis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Duration

unknown

unknown

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 543X

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?  
 \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury 2

23. Signature Theodore B. Ficken (M. D. or other) D.O.  
 Address Princeton, Mo. Date signed 1/7/49

**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, ~~only~~.....

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

Signed..... *James L. Grumble*

Licensed Embalmer No. *3967*

P. O. Address *Linnville, 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.**