

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 21 1949

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

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 156

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>527 Taylor</u>		d. STREET ADDRESS (If rural, give location) <u>527 Taylor</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>M</u> c. (Last) <u>Stark</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 11th 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 25 1879</u>
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR <u>8</u> Months <u>16</u> Days	IF UNDER 24 HRS. <u>1</u> Hour <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rtd.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>S.W. Bell Telco</u>	11. BIRTHPLACE (State or foreign country) <u>Ind.</u>
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Theobald Stark</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Cook</u>		14. NAME OF HUSBAND OR WIFE <u>Iva</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes. Spanish-Ame</u>		16. SOCIAL SECURITY NO. <u>488-07-6701</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Iva Stark</u> ADDRESS <u>Moberly Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism.</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary Sclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4 2 1</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none.</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>July 11, 1949</u> , to <u>July 11, 1949</u> , that I last saw the deceased alive on <u>July 11, 1949</u> , and that death occurred at <u>11:45 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>A. L. E. Huber</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>400 1/2 W. Reed St. Moberly, Mo.</u>	
23c. DATE SIGNED <u>7/13/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>July 13 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>	
24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>		DATE REC'D BY LOCAL REG. <u>July 13-49</u>	
REGISTRAR'S SIGNATURE <u>Leah Williams</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Wahawandson</u> ADDRESS <u>Moberly</u>	

RECEIVED JUL 18 1949
District Health Officer
District File Number 7-47-
Date Filed JUL 18 1949

JUL 29 1949

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.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer No.

Signed Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.

JUL 29 1949