

FILED OCT 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **34437**

40

BIRTH NO. _____		REG. DIST. NO. <u>212</u>		PRIMARY REG. DIST. NO. <u>5779</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>MILLER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - FRANKLIN</u>		c. LENGTH OF STAY (In this place) <u>Lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - FRANKLIN</u>		08			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BAGNELL</u>				d. STREET ADDRESS (If rural, give location) <u>BAGNELL</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELISHA</u> b. (Middle) <u>HENRY</u> c. (Last) <u>STARK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 21 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>Sept 28 - 75</u>			
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>Miller - Co Mo</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Louis - STARK</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH - JANE - WOOD</u>		14. NAME OF HUSBAND OR WIFE <u>LYDIA - ANN - STARK</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LYDIA - ANN - STARK</u>		ADDRESS _____			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral Embolism</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <u>3327</u> <u>7 days</u>	
19a. DATE OF OPERATION <u>none</u>		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.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>					
22. I hereby certify that I attended the deceased from <u>10-19-49</u> , to <u>10-21-49</u> , that I last saw the deceased alive on <u>10-19-49</u> , and that death occurred at <u>7:25 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Carl J. Buchler M.D.</u>				23b. ADDRESS <u>Eldon Mo</u>		23c. DATE SIGNED <u>22 Oct 49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>23 Oct 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dooley - Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Miller - Co Mo</u>			
DATE REC'D BY LOCAL REG. <u>Oct. 22, 49</u>		REGISTRAR'S SIGNATURE <u>Alvera W. Walker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M. Kaye</u>		ADDRESS <u>Eldon Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 48

District File Number \_\_\_\_\_  
District Health Officer No. 9,  
RECEIVED  
OCT 24 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

Signed *Keith M. Kays*

Licensed Embalmer No. *3998*

P. O. Address *Goldon 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.