

FILED APR 28 1950  
Dr. White

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15658

State File No. ....

1087

BIRTH NO. 25704-50 REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Nevada</u> b. COUNTY <u>Henderson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u>	
c. LENGTH OF STAY (In this place) <u>97 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Mo. 1087</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada Hospital</u>			

3. NAME OF DECEASED a. (First) <u>James</u> b. (Middle) <u>Lawrence</u> c. (Last) <u>Stark</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1950</u> <u>4 16 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>4-15-1950</u>
9. AGE (In years last birthday) <u>0</u>		IF UNDER 1 YEAR (Months) <u>0</u>	IF UNDER 1 MRS. (Days) <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Nevada</u>
			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Harry G. Stark</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Gomis</u>	14. NAME OF HUSBAND OR WIFE <u>Infant</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harry G. Stark (Father)</u>
		ADDRESS <u>834 N. Clay</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1:15 am</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac &amp; Vascular</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Premature birth 30 wks</u> <u>labor induced because mother had acute intestinal</u> DUE TO (c) <u>maternal hypoxia resultant from peritonitis 12 yrs ago.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>12 hrs</u> <u>7735</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) <u>None</u>	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) <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>—</u>

22. I hereby certify that I attended the deceased from Apr. 15, 1950, to Apr. 16, 1950, that I last saw the deceased alive on Apr. 16, 1950, and that death occurred at 1:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Rolland B. Brown</u> (Degree or title)	23b. ADDRESS <u>Nevada Mo</u>	23c. DATE SIGNED <u>4-17-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Burial</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newton Cemetery</u>
DATE REC'D BY LOCAL REG. <u>April 19, 1950</u>		24d. LOCATION (City, town, or county) (State) <u>Vernon Co Mo.</u>
REGISTRAR'S SIGNATURE <u>Kathryn H. Yancy</u> 331		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen V. Hayes</u>
		ADDRESS <u>Nevada, Mo</u>

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

RECEIVED

District Health Officer No. 7,

District File Number 3-50-412

Date Filed 4-27-50

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Bert B. Bennett

Licensed Embalmer No. 465-6

P. O. Address Neuada, Va

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.