S. No. 300
v. 10.48

0260
1

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

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19772

BIRTH NO. _____ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 5307 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Russellville Rural Moran
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Russellville Rural Moran
d. STREET ADDRESS (If rural, give location): 0260

3. NAME OF DECEASED (Type or Print)
a. (First): MAGGIE
b. (Middle): R.
c. (Last): STARK.

4. DATE OF DEATH (Month) (Day) (Year): JUNE 19 1950

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: MAY 16-1872
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days / IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Cook.
11. BIRTHPLACE (State or foreign country): Russellville Mo.
12. CITIZEN OF WHAT COUNTRY?:
13a. FATHER'S NAME: B. G. Simpson
13b. MOTHER'S MAIDEN NAME: Caroline Zulor
14. NAME OF HUSBAND OR WIFE: A. L. Stark Russellville
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: A. L. Stark
ADDRESS: Russellville Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Malignant Hypertension — Years
DUE TO (c): Cardiac Decompensation — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 443X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Mar 4, 1949, *to* June 19, 1950, *that I last saw the deceased alive on* June 19, 1950, *and that death occurred at* 10:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. M. Eberhart (Degree or title): M. D.
23b. ADDRESS: Russellville Mo
23c. DATE SIGNED: 6/20/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 21-50
24c. NAME OF CEMETERY OR CREMATORY: ENLOE CEM.
24d. LOCATION (City, town, or county) (State): Russellville Mo.

DATE REC'D BY LOCAL REG.: June 20
REGISTRAR'S SIGNATURE: Mrs. Minnie Hittemeyer
25. FUNERAL DIRECTOR'S SIGNATURE: G. W. Steffens
ADDRESS: Russellville Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DIST[illegible] [illegible]ICE No. 3
District File Number .....
Date Filed 6-28-50

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 G M Stiffens

Licensed Embalmer No. 2307

P. O. Address Russellville 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.