No. 300
10.48

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

FILED JUL 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20657

BIRTH NO. _____ REG. DIST. NO. 127 PRIMARY REG. DIST. NO. 3028 Registrar's No. 116

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1135 Sophia St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
d. STREET ADDRESS (If rural, give location): 431 High St.

0493
0

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

4. DATE OF DEATH (Month) (Day) (Year): June 23, 1950

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan 29, 1878
9. AGE (In years last birthday): 72 — If under 1 year: Months 4, Days 24 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: self
11. BIRTHPLACE (State or foreign country): Dallas County, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James Stark
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Flora Stark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 500-09-2393
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Leroy Stark, Rte 3, Carthage, 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) Coronary occlusion — — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute bronchitis. — 2 days.
DUE TO (c)

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

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* _____, 19__, *to* June 23, 1950, *that I last saw the deceased alive on* June 22, 1950, *and that death occurred at* 4:45a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles H. Shell (Degree or title) M.D.
23b. ADDRESS: Carthage, Mo.
23c. DATE SIGNED: 6/24/50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 25, 1950
24c. NAME OF CEMETERY OR CREMATORY: Jasper School Cemetery
24d. LOCATION (City, town, or county) (State): Jasper County Mo.

DATE REC'D BY LOCAL REG.: June 24, 1950
REGISTRAR'S SIGNATURE: L. B. Clinton M.D. 139
Per. H. Ferguson
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Knell Mortuary — Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-3-50
Jasper County Health Office
County File Number 50-6-504
Date Filed 7-3-50

AUG 12 1950

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 Robert H. Knell
Licensed Embalmer No. 4459
P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.