

FILED NOV 29 1950

STANDARD CERTIFICATE OF DEATH

State File No. 37499  
Registrar's No. 162

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5580

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Allen	
b. CITY (If outside corporate limits, write RURAL and give name of town) Rural-TWIN GROVE		c. CITY (If outside corporate limits, write RURAL and give township) Savonburg Kansas 8150	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 4 Miles S.W. of Savonburg, Kan	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 1/2 N.W. of Joplin Mo			
3. NAME OF DECEASED (Type or Print) a. (First) Fred		b. (Middle) Starliper	
c. (Last) Starliper		4. DATE OF DEATH (Month) Nov. (Day) 19 (Year) 1950	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH (In years last birthday) Oct. 14 1880
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Days 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery Store Operator		11. BIRTHPLACE (State or foreign country) Savonburg, Kansas	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.a	
13a. FATHER'S NAME Daniel Starliper		13b. MOTHER'S MAIDEN NAME No data.	
14. NAME OF HUSBAND OR WIFE Ethel Jane Starliper			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Marshall Stout, Humbolt Kansas		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH INSTANTANEOUS
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INJURIES MULTIPLE, EXTREME			
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) 1. COMPOUND FRACT. BOTH FIBIAE AND FIBULAE			
DUE TO (c) 2. COMPOUND FRACT. SKULL			
3. CRUSA INJURY* CHEST			
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		049	
21a. ACCIDENT (Specify) HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Mo. state Hiway 57	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Twin Groves Township, Jasper Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-19 - 50		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Car-train collision at crossing of st Louis-Sanfrancisco Rlwy and State hiway No 57 at Gulfton			
22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, Did not attend same m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. W. Deussen, M.D., Coronary Joplin Co.		23b. ADDRESS Joplin Mo's Bus Body, Joplin Mo	
23c. DATE SIGNED 11-21-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/28/1950	
24c. NAME OF CEMETERY OR CREMATORY Harmony Cemetery		24d. LOCATION (City, town, or county) (State) S.E. of Savonburg Kans.	
DATE REC'D BY LOCAL REG. 11-20-50		REGISTRAR'S SIGNATURE J. L. Hutchell	
25. FUNERAL DIRECTOR'S SIGNATURE Johnston Arnce Gimson Mortuary		ADDRESS Webb City, Mo.	

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

RECEIVED 11-28-50  
Jasper County Health Office

County File Number 50-11-848

Date Filed 11-28-50

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 *Hank E. Lane*

Licensed Embalmer No. *4463*

P. O. Address *W.W. City 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.