

FILED NOV 29 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37500**

Registrar's No. **164**

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 5580		Registrar's No. 164	
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 township) OR TOWN Rural - Twin Grove Twp		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Rt.		8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 1/2 N.W. of Jonlin Mo				d. STREET ADDRESS (If rural, give location) 3 Miles West Moran Kansas			
3. NAME OF DECEASED (Type or Print) a. (First) Rhonda Lee S			b. (Middle) Lee		c. (Last) Starliper		4. DATE OF DEATH (Month) (Day) (Year) Nov. 19 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 24 1947		9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months 10 Days 25	IF UNDER 24 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Moran Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William E. Starliper		13b. MOTHER'S MAIDEN NAME Maunita Starliper		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Mrs. Maunita Starliper		ADDRESS Moran Kan	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FRACTURE CERVICAL SPINE. ANTECEDENT CAUSES DUE TO (b) CONTUSIONS HEAD AND FACE DUE TO (c) CONTUSIONS ABDOMEN II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH INSTANTANEOUS 8:104 27
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE-HOMICIDE (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) MO STATE HWY 57		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) TWIN GROVE 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 2 ST LOUIS - SAN FRANCISCO RAILROAD STATE HWY 57 AT GUBERA			
22. I hereby certify that I attended the deceased from: DID NOT ATTEND , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Webb City, Mo				23b. ADDRESS Johnston Arnce Simpson Mortuary		23c. DATE SIGNED 11-20-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-24-50		24c. NAME OF CEMETERY OR CREMATORY MORAN		24d. LOCATION (City, town, or county) (State) Kan	
DATE REC'D BY LOCAL REG. 11-20-50		REGISTRAR'S SIGNATURE J.L. Bullock MD		25. FUNERAL DIRECTOR'S SIGNATURE Johnston Arnce Simpson Mortuary		ADDRESS webb city, mo	

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

3790

RECEIVED 11-28-50

Jasper County Health Office

County File Number 50-11-850

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 *Henry Blaine*

Licensed Embalmer No. 4463

P. O. Address *Wool 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.