

No. 300
10-48

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40073

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 5798 Registrar's No. 211

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Trotter</u>)		c. LENGTH OF STAY (in this place) <u>Lifetime</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 Miles Northeast of Norborne</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Trotter</u> <u>0170</u>	
		d. STREET ADDRESS (If rural, give location) <u>6 miles North east of Norborne</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Daniel</u> c. (Last) <u>Stark</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 13, 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 3, 1878</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Carroll County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A.</u>
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13a. FATHER'S NAME <u>Peter Stark</u>	13b. MOTHER'S MAIDEN NAME <u>Cathrine Miller</u>	14. NAME OF HUSBAND OR WIFE <u>Myrtle Stark</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle May Stark</u> ADDRESS <u>Canolton, Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>3 3/4</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 12-13, 1950, to 12-13, 1950, that I last saw the deceased alive on 12-13, 1950, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

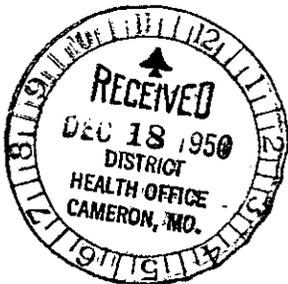
23a. SIGNATURE <u>B. C. Cole</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Norborne, Mo</u>	23c. DATE SIGNED <u>12-14-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 16, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairhaven</u>	24d. LOCATION (City, town, or county) (State) <u>Norborne Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12/13/50</u>	REGISTRAR'S SIGNATURE <u>Mr. Herbert Calvert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Deitch Jr</u> ADDRESS <u>Norborne</u>
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(Licensed Embalmer's Statement on Reverse Side)

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



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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John H. Deitch Jr

Licensed Embalmer No. 4797

P. O. Address Marborne

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.