

FILED AUG 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27398

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 656 PRIMARY REG. DIST. NO. 2001 Registrar's No. 376

1. PLACE OF DEATH a. COUNTY Jasper 0495		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. CITY (If outside corporate limits, write RURAL and give township) Joplin 0495	
c. LENGTH OF STAY (in this place) 4 days		d. STREET ADDRESS (If rural, give location) 404 W. 4th Street 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Earle Hotel			

3. NAME OF DECEASED a. (First) JOHN b. (Middle) L. c. (Last) STARK			4. DATE OF DEATH August 14, 1951			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unknown 9	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) About 64	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tire repairman		10b. KIND OF BUSINESS OR INDUSTRY Tire Shop		11. BIRTHPLACE (State or foreign country) Unknown 9		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) World War #1	16. SOCIAL SECURITY NO. 512-16-0812	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Information from papers found with body.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE ALCOHOLISM		ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
		DUE TO (b)				
		DUE TO (c) 3220				
		II. OTHER SIGNIFICANT CONDITIONS				
		Conditions contributing to the death but not related to the disease or condition causing death. PHENOL BURNS LIPS, CHIN AND NECK				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION HISTORY OF DIABETES MELLITUS (PROTAMINE INSULIN)	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)
21d. TIME OF INJURY NONE	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10:00 AM approx time, 1951, that I last saw the deceased alive on 8-17-51, and that death occurred at 11:00 AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wesley W. Brown, M.D., Jasper County, Mo. Health Officer</u>	23b. ADDRESS <u>Joplin, Mo.</u>	23c. DATE SIGNED <u>8-17-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE <u>8-21-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Leavenworth, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>8-20-51</u>	REGISTRAR'S SIGNATURE <u>James 138</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>David Dillon Funeral Home, Joplin, Mo.</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED *P-27-51*  
Jasper County Health Office  
County File Number *51/8/665*  
Date Filed *P-29-51*

OCT 15 1961

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 *David Dillon*

Licensed Embalmer No. *3898*

P. O. Address *Joplin, 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.