

FILED SEP 18 1951

STANDARD CERTIFICATE OF DEATH

State File No. 29903

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 97

1. PLACE OF DEATH  
a. COUNTY DUNKLIN  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KENNETT  
c. LENGTH OF STAY (in this place) 1 yr  
d. FULL NAME OF HOSPITAL OR INSTITUTION DUNKLIN CO MEMORIAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE MO b. COUNTY DUNKLIN  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KENNETT MO 0352  
d. STREET ADDRESS (If rural, give location) 406 N HOPPER 0

3. NAME OF DECEASED  
a. (First) GLADYS b. (Middle) GOLDIE c. (Last) STARK

4. DATE OF DEATH (Month) (Day) (Year)  
AUG 19 1951

5. SEX FEMALE  
6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH DEC 6 1915

9. AGE (In years last birthday) 35 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) HOME MAKER

10b. KIND OF BUSINESS OR INDUSTRY OWN HOME

11. BIRTHPLACE (State or foreign country) ARK 1

12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME CHARLES BEER

13b. MOTHER'S MAIDEN NAME HATTIE DAVIS

14. NAME OF HUSBAND OR WIFE JOHN S. STARK

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. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS HATTIE DAVIS Dexter 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma of esophagus  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ~~esophagus~~ DUE TO (c) esophagus  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 2 weeks

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO  150x

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)

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 Aug 16, 1951, to Aug 19, 1951, that I last saw the deceased alive on Aug 19, 1951, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chester A Beck M.D.

23b. ADDRESS M. W. 201 Calley Kennett Mo.

23c. DATE SIGNED Sept 7, 51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8-20-51

24c. NAME OF CEMETERY OR CREMATORY Hager Cemetery

24d. LOCATION (City, town, or county) (State) Dunklin Co. Mo.

DATE REC'D BY LOCAL REG 9-12-1951 REGISTRAR'S SIGNATURE Carl Husband

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lloyd Russell - Piggott, Ark.

(Licensed Embalmer's Statement on Reverse Side)

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

0352  
0

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT 9-15-51  
COUNTY FILE NUMBER 951-243

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 \_\_\_\_\_

*Mc*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed *Leroy J. Tyler*

Licensed Embalmer No. *1001*

P. O. Address *Figgott Ark*

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.