No. 300
10.48

FILED SEP 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32266

BIRTH NO. _____ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 6099 Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY: Schuyler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Prairie
c. LENGTH OF STAY (in this place): 3yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Schuyler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): Queen City - 2nd, East

3. NAME OF DECEASED (Type or Print): a. (First) Evelyn b. (Middle) Carol c. (Last) Starbuck

4. DATE OF DEATH (Month) (Day) (Year): Sept 1 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: April 27, 1948
9. AGE (In years last birthday): 3 — If under 1 year: Months 4 Days 5 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Queen City Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Shirley Starbuck
13b. MOTHER'S MAIDEN NAME: Marcia DeJong
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Marcia Starbuck — ADDRESS: Queen City 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Contusion & Lacerations of Brain — Interval between onset and death: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fractured Cranium — Immediate
DUE TO (c) Crushed thoracic cage — Immediate

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Road
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Prairie Schuyler Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 1 51 4 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR: Automobile Accident

22. *I hereby certify that I attended the deceased from* 9/15, 1950, *to* 9/1, 1951, *that I last saw the deceased alive on* 9/1, 1951, *and that death occurred at* 4 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Edward M. Roberts (Degree of title) M.D.
23b. ADDRESS: Queen City, Mo.
23c. DATE SIGNED: 9/3/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 4 '51
24c. NAME OF CEMETERY OR CREMATORY: Myers Cemetery
24d. LOCATION (City, town, or county) (State): Queen City, Mo.

DATE REC'D BY LOCAL REG.: Sept 10-51
REGISTRAR'S SIGNATURE: Ora A. Blake
25. FUNERAL DIRECTOR'S SIGNATURE: Jack E. Dudley — **ADDRESS**: Queen City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 29 1951

Date Received: SEP 1 8 1951
DISTRICT HEALTH OFFICE #2
District File Number 9-51-1673
Date Filed: SEP 1 8 1951

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 Earl L. Doty, Student Embalmer No. ....., working under my personal supervision.

Student ..... Student Embalmer

Signed Earl L. Doty

Licensed Embalmer No. 1469

P. O. Address Green City, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.