

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

Reg. # 100 143  
FILED MAY 9 - 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1143

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>ADAMS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS, MO.</u>		c. LENGTH OF STAY (In this place) <u>71 days</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>QUINCY</u>		8120 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>		d. STREET ADDRESS (If rural, give location) <u>ILLINOIS S&amp;S HOME</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u> b. (Middle) <u>L.</u> c. (Last) <u>STARNE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-29-52</u>		
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>12-8-78</u>		9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED OFFICER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ARMY &amp; STATE PAROLE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SPRINGFIELD, ILLINOIS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>MAURICE STARNE</u>		13b. MOTHER'S MAIDEN NAME <u>GEORGEINE HURST</u>		14. NAME OF HUSBAND OR WIFE <u>LEORNA N. STARNE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WWI</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSPITAL RECORDS, JEFF F. BRKS, MO.</u>	

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) <u>MALNUTRITION</u>		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>INADEQUATE INTESTINAL ABSORPTIVE SURFACE</u>					
		DUE TO (c) <u>BLEEDING DUODENAL ULCER</u>					
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 2-18-52, 19, to 4-29-52, 19 ~~XXXXXX that was the deceased's~~ ~~XXXXXX~~ and that death occurred at 8:11 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Q. Ollen</u> (Degree or title) <u>M.B.</u>		23b. ADDRESS <u>VA HOSPITAL, JEFF. BRKS, MO.</u>		23c. DATE SIGNED <u>4-29-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-30-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Springfield, Ill.</u>		24d. LOCATION (City, town, or county) (State) <u>Ill.</u>	
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DATE REC'D BY LOCAL REG. <u>5-1-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke, MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>THOMAS C. SMITHS &amp; SONS, Springfield, Ill.</u>	
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**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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis 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.