

No. 300  
10.48  
SEP 12 1952THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30490

BIRTH NO. _____		REG. DIST. NO. <u>333</u>		PRIMARY REG. DIST. NO. <u>3074</u>		Registrar's No. <u>179</u>	
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston, Mo</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston, Mo</u>		1008	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>215 N Frisco St.</u>				d. STREET ADDRESS (If rural, give location) <u>215 N Frisco St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maree</u>			b. (Middle) <u>Geeham</u>		c. (Last) <u>Starnes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 20 1952</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>7/15/15</u>	9. AGE (In years last birthday) <u>37</u>	10. MONTHS <u>0</u>	11. DAYS <u>30</u>	12. HOURS & MIN. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>H. J. Gee Ham</u>		13b. MOTHER'S MAIDEN NAME <u>Jenie Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mark Starnes Vermillion, Ohio</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>H. J. Geeham Sikeston, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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 <u>002x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>8-10</u> , 19 <u>52</u> , to <u>8-20</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8-20</u> , 19 <u>52</u> , and that death occurred at <u>8:40A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>H. J. Geeham</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Worhouse Mo</u>		23c. DATE SIGNED <u>8-22-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/22/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dog Wood Cem</u>		24d. LOCATION (City, town, or county) (State) <u>pt #13 Sikeston, Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-2-52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Alta Hunter 429</u>		GENERAL DIRECTOR'S SIGNATURE <u>Henry Jones Sikeston Mo</u>			

(Licensed Embalmer's Statement on Reverse)

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

RECEIVED SEP 8 1952

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 952-268

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*John Allerton*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2941

P. O. Address Keaton

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.