

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 7 1952

S. No. 300
V. 10.48

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4095 Registrar's No. 143

0199
/

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Drexel</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Maysville, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Not in hospital.</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	

3. NAME OF DECEASED (Type or Print) <u>DELBERT HAROLD STARK.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sep. 23, 1952</u>		
a. (First)	b. (Middle)	c. (Last)			

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>Feb. 17, 1901</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>6</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	---------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wholesale Merchant, Fireworks.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Wood, Dekalb Missouri</u>	11. BIRTHPLACE (State & County) <u>U.S.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.S.A.</u>
---	--	---	--

13a. FATHER'S NAME <u>Ulyses Stark.</u>	13b. MOTHER'S MAIDEN NAME <u>Inez Thomas.</u>	14. NAME OF HUSBAND OR WIFE <u>Ellen Huston Stark.</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>Yes</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harold U. Stark, Maysville, Mo.</u> ADDRESS
---	------------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis,</u> <u>Sudden death, died in his sleep.</u>		
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Harrisonville, Mo.</u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>2:00 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4-201</u>
---	---	---

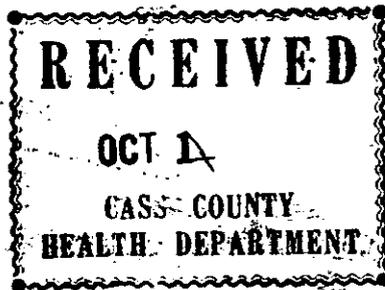
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Harrisonville, Mo.</u>	23c. DATE SIGNED <u>9/23/52.</u>
---	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	24b. DATE <u>9/25/52.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maysville Cemetery, Maysville, Mo.</u>	24d. LOCATION (City, town, or county) (State)
--	---------------------------	--	---

DATE REC'D BY LOCAL REG <u>9-29-52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Drexel Mo.</u>
--	--	---

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



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 _____

Licensed Embalmer No. 1950

P. O. Address Drexel 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.