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

No. 300
0.48

FILED OCT 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34056

State File No.

BIRTH NO. REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4545 Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY: WEBSTER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MARSHFIELD
c. LENGTH OF STAY (In this place): LIFE
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: MO
b. COUNTY: WEBSTER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MARSHFIELD MO
d. STREET ADDRESS (If rural, give location): 1120

3. NAME OF DECEASED (Type or Print)
a. (First): OLIVE
b. (Middle): MAY
c. (Last): STARK

4. DATE OF DEATH (Month) (Day) (Year): SEPT 18 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: APR 10 1897
9. AGE (In years last birthday): 55
IF UNDER 1 YEAR: Months 5 Days 8 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARSHFIELD MO
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: WILLIAM JOHNSON
13b. MOTHER'S MAIDEN NAME: MINERVA BRIXEY
14. NAME OF HUSBAND OR WIFE: LEVI STARK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: RUTH ROBINSON
ADDRESS: MARSHFIELD 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) RESPIRATORY FAILURE ; TOXIC LIVER — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastatic Cancer of Liver and abdomen — 7 months
DUE TO (c) Poss. adenocarinoma of Stomach — 2 years ±

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: 151 X
20. AUTOPSY? YES ☐ NO ☒

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) m.:
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* Sept 18, 1952, *to* Sept. 18, 1952, *that I last saw the deceased alive on* Sept. 18, 1952, *and that death occurred at* 4:36 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Thomas M. Macdonnell (Degree or title): MD.
23b. ADDRESS: Marshfield, Mo.
23c. DATE SIGNED: 9/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9-21-1952
24c. NAME OF CEMETERY OR CREMATORY: PLEASANT HILL
24d. LOCATION (City, town, or county) (State): WEBSTER CO. MO

DATE REC'D BY LOCAL REG.: 9-22-52
REGISTRAR'S SIGNATURE: J Spencer
392-1
25. FUNERAL DIRECTOR'S SIGNATURE: BARBER-BARTO
ADDRESS: MARSHFIELD MO

(Licensed Embalmer's Statement on Reverse Side)

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 R. W. Barber

Licensed Embalmer No. 3848

P. O. Address Mt. Grove

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.