

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44279

State File No. 4514

JAN 5 1953

BIRTH NO. _____ REG. DIST. NO. 349 PRIMARY REG. DIST. NO. 349 Registrar's No. 24

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

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) Green City		c. CITY (If outside corporate limits, write RURAL and give township) Green City	
c. LENGTH OF STAY (in this place) 5 months		d. STREET ADDRESS (If rural, give location) No street address	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION On street in Green City			

3. NAME OF DECEASED (Type or Print)	a. (First) Walter	b. (Middle) Abner	c. (Last) Stark	4. DATE OF DEATH (Month) (Day) (Year) Dec. 23, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 25, 1888	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Water treater	10b. KIND OF BUSINESS OR INDUSTRY Municipal Water Plant	11. BIRTHPLACE (State or foreign country) Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME unknown Stark	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Verna Stark
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 486-38-9110	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Verna Stark, Green City, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 10 MIN
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Green City, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec 23, 1952** to **Dec 23, 1952**, that I last saw the deceased alive on **Dec 23, 1952**, and that death occurred at **8:45 AM.**, from the causes and on the date stated above.

23a. SIGNATURE R. D. Smith M.D.	(Degree or title)	23b. ADDRESS Green City, Mo.	23c. DATE SIGNED Dec 23/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 27, 1952	24c. NAME OF CEMETERY OR CREMATORY Green City Cemetery	24d. LOCATION (City, town, or county) (State) Green City, Mo.
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DATE REC'D BY LOCAL REG. Dec. 29, 1952	REGISTRAR'S SIGNATURE Laura M. Platt	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sherrill E. Kent & Son, Green City, Mo.
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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

Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.

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