S. No. 300
v. 10.48

FILED FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

531

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5176 Registrar's No. 5

0150
3

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

1. PLACE OF DEATH
a. COUNTY: Camden
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richland Rural Auglaze T
c. LENGTH OF STAY (in this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hurt Home - Near Ozark Hatchery

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Camden
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richland Auglaze T
d. STREET ADDRESS (If rural, give location): Rural Route 0150

3. NAME OF DECEASED (Type or Print)
a. (First): Jake
b. (Middle):
c. (Last): Starks

4. DATE OF DEATH (Month) (Day) (Year): Jan 26 - 1953

5. SEX: Male
6. COLOR OR RACE: Wht
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sep 12 - 1894
9. AGE (In years last birthday): 58 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Jack Hammer Operator
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Cole County Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Frank Starks
13b. MOTHER'S MAIDEN NAME: Sarah Ewing
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): War I
16. SOCIAL SECURITY NO.: 526-07 44 55
17. INFORMANT'S SIGNATURE OR NAME: Documents — ADDRESS

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) Destruction Bain Tissues & Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) due to Gun Shot in the head
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
E976X

INTERVAL BETWEEN ONSET AND DEATH: Seconds

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Auglaze T Camden Co Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 26 1953 645 AM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Self inflicted with Single Barrel Shot Gun.

22. *I hereby certify that I attended the deceased from* Jan 26, 1953, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 6.42 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Abbie Bankson Woolery Coroner
23b. ADDRESS: Camdenton, Mo
23c. DATE SIGNED: Jan 26 - 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 28 - 1953
24c. NAME OF CEMETERY OR CREMATORY: Mt View Cemetery
24d. LOCATION (City, town, or county) (State): Camden Co Mo

DATE REC'D BY LOCAL REG.: Feb 2 - 1953
REGISTRAR'S SIGNATURE: Zilpha Traw
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Bankson - Woolery Camdenton Mo

(Licensed Embalmer's Statement on Reverse Side)

FEB 4 1953

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 Dorsey M. Howe

Signed.....
Student Embalmer

Licensed Embalmer No. 4222

P. O. Address Lebanon, Me

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.