

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4464

State File No.

FILED JAN 26 1953

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St-Joseph</u>	
b. CITY (If outside the corporate limits, write RURAL and give township) OR TOWN <u>Marshall Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves 4567</u>	
c. LENGTH OF STAY (In this place) <u>5 or 6</u>		d. STREET ADDRESS (If rural, give location) <u>4226 Fernon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>no State Sp. Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rae</u> b. (Middle) <u>Ann</u> c. (Last) <u>Starfelt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 16 1953</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Nov 15-1904</u>	9. AGE (In years last birthday) <u>48</u>	10. MONTHS <u>7</u>	11. DAYS <u>24</u>	12. IF UNDER 1 YEAR Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Patron</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Miss. School</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Raymond Starfelt</u>	13b. MOTHER'S MAIDEN NAME <u>Brother Katherine</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Starfelt & Alfred Richards Marshall</u>	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	19. MEDICAL CERTIFICATION		20. INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>1 day</u> 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) _____
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 Jan 14, 1953, to Jan 14, 1953, that I last saw the deceased alive on Jan 14, 1953, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. L. Kunkler M.D. Prof. H. A. ...</u>	23b. ADDRESS <u>Marshall Missouri</u>	23c. DATE SIGNED <u>1-14-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1/22/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cash Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Marshall, Miss.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 20 1953</u>	REGISTRAR'S SIGNATURE <u>Sidney S. Gray</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Parham - Aldrich - White</u>	ADDRESS <u>...</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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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 J. Leslie Sweeney

Licensed Embalmer No. 3235

P. O. Address Marshall

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.