

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

6315
State File No. 862

FILED MAR 7 - 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

4

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (If in this place) 56 Years		d. STREET ADDRESS (If rural, give location) 3940 Mc Gee Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Westport Rest Home 3940 Mc Gee Street			

3678

3. NAME OF DECEASED (Type or Print) a. (First) ESTHER		b. (Middle) MAY		c. (Last) STARBIRD		4. DATE OF DEATH (Month) (Day) (Year) Feb. 8, 1953	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 7, 1866	
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 100 YRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Decatur, Illinois		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME Joseph J. Alvies		13b. MOTHER'S MAIDEN NAME Isabelle, Coveia		14. NAME OF HUSBAND OR WIFE Eugene Starbird (Deceased)	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur J. Babcock Kansas City, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH four weeks	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) arterial hypertension 10 yrs			
		DUE TO (c) sterility			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4201	

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) ✓		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 **10-1-1952**, to **2-8-1953**, that I last saw the deceased alive on **1-30-1953**, and that death occurred at **1:55 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE V. W. Harned		23b. ADDRESS 404 Withman Bldg		23c. DATE SIGNED 2-9-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-9-53		24c. NAME OF CEMETERY OR CREMATORY Farmingdale	
		24d. LOCATION (City, town, or county) (State) Springfield, Illinois			

DATE REC'D BY LOCAL REG 2-9-53		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Freeman Mortuary Kansas 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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kenosha City, Wis.

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.