

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10461

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 24

0550  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <del>Missouri</del> <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mt. Vernon</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Waco</b>	
c. LENGTH OF STAY (In this place) <b>13 days</b>		0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. State Sanatorium</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Roy</b> b. (Middle) <b>Ray</b> c. (Last) <b>Starks</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 11, 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>11-11-03</b>	9. AGE (In years last birthday) <b>49</b>	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bus driver (school bus)</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Oliver Starks</b>		13b. MOTHER'S MAIDEN NAME <b>Mary McCorkle</b>		14. NAME OF HUSBAND OR WIFE <b>Edith Starks</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ruby Wilson Peck, Mt. Vernon, Mo.</b>	

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) <b>Bronchogenic Carcinoma over 4710</b>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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 <b>162X</b>		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 2-26, 1953, to 3-11, 1953, that I last saw the deceased alive on 3-11, 1953, and that death occurred at 4:20p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. V. Brusher M.D.</b>		23b. ADDRESS <b>Mt. Vernon, Mo.</b>		23c. DATE SIGNED <b>3-11-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3-11-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Carl Junction Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Carl Junction, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>3-14-53</b>		REGISTRAR'S SIGNATURE <b>Cecil Henderson</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Roney's Funeral Service, P.O. Box 100, Carl Junction, Mo.</b>	
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MAR 31 1957

VS JUN 29 1957

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 Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb 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.