

FILED MAY 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13591**

BIRTH NO. _____ REG. DIST. NO. **70** PRIMARY REG. DIST. NO. **4124** Registrar's No. **34**

230
1

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

1. PLACE OF DEATH a. COUNTY Clark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Iowa b. COUNTY Lee	
b. CITY (If outside corporate limits, write RURAL and give township) Kahoka		c. CITY (If outside corporate limits, write RURAL and give township) Keokuk 8140	
c. LENGTH OF STAY (in this place) 4 weeks		d. STREET ADDRESS (If rural, give location) 1718 Johnson Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Res. of brother			

3. NAME OF DECEASED (Type or Print) a. (First) Frank (Francis) b. (Middle) Andrew c. (Last) Starr			4. DATE OF DEATH (Month) May (Day) 7 (Year) 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 9, 1893	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker		10b. KIND OF BUSINESS OR INDUSTRY Bakery	11. BIRTHPLACE (State or foreign country) Clark County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Elias D. Starr	13b. MOTHER'S MAIDEN NAME Minnie Walker	14. NAME OF HUSBAND OR WIFE Frances W. Maertens Starr
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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) Yes	16. SOCIAL SECURITY NO. 481-03-3491	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Francis W. Starr</i>	ADDRESS <i>Keokuk Iowa</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Strangulation</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>hanging</i> 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 E974x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11 P.** m., from the causes and on the date stated above.

23a. SIGNATURE <i>Perry S. Barton</i>	(Degree or title) <i>Coroner</i>	23b. ADDRESS Kahoka Mo	23c. DATE SIGNED 5-8-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE May 8, 1953	24c. NAME OF CEMETERY OR CREMATORY Keokuk National Cemetery	24d. LOCATION (City, town, or county) (State) Keokuk Iowa
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DATE REC'D BY LOCAL REG. 5/8-53	REGISTRAR'S SIGNATURE <i>H. Bridgman</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Colt Knudt</i>	ADDRESS <i>Keokuk Iowa</i>
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(Licensed Embalmer's Statement on Reverse Side)

JUL 15 1954

EMERALD

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, ***

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *William Campbell*

Licensed Embalmer No. 3558

P. O. Address Keokuk, Iowa

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.