

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

17302

State File No.

FILED MAY 25 1953

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 145

0164
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Cape Girardeau			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott		
b. CITY (If outside corporate limits, write RURAL and give town) Cape Girardeau		c. LENGTH OF STAY (in this place) 20 days	c. CITY (If outside corporate limits, write RURAL and give township) Ilmo		1000
d. FULL NAME OF HOSPITAL OR INSTITUTION St Francis Hospital			d. STREET ADDRESS (If rural, give location) 1		
3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) ROBERT	c. (Last) STARNES	4. DATE OF DEATH (Month) (Day) (Year) May 10, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 28, 1876	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 0 Days 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or foreign country) Knox County, Tennessee		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Peter J. Starnes		13b. MOTHER'S MAIDEN NAME Mahalia Roberts	14. NAME OF HUSBAND OR WIFE Catherine Hess		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Bon't know	17. INFORMANT'S SIGNATURE OR NAME Melvin Starnes		ADDRESS Harrisburg, Ill.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular renal disease				INTERVAL BETWEEN ONSET AND DEATH 5 years
	ANTECEDENT CAUSES DUE TO (b) cerebral apoplexy <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>				5 years
	DUE TO (c) acute urinary retention II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> prostatic hypertrophy				2 wks.
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION		442X		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) (m.)	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 Apr 28 , 19 53 , to May 10 , 19 53 , that I last saw the deceased alive on May 9 , 19 53 , and that death occurred at 2 a. m., from the causes and on the date stated above.					
23a. SIGNATURE L. R. Seabough (Degree or title) M.D.			23b. ADDRESS 801a Broadway Cape Girardeau, Mo		23c. DATE SIGNED 5-12-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 13, 1953	24c. NAME OF CEMETERY OR CREMATORY BENTON	24d. LOCATION (City, town, or county) (State) Benton, Illinois		
DATE REC'D BY LOCAL REG 5-17-53	REGISTRAR'S SIGNATURE C. C. Summers	FUNERAL DIRECTOR'S SIGNATURE Blanching Hoff	ADDRESS Ilmo, Mo		

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 _____

Oliver C. Amick

Licensed Embalmer No. 4470

P. O. Address Illness, 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.