

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19928**

FILED JUN 10 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5220**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI		a. STATE Missouri b. COUNTY	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 2129 Park Plaza Hotel	

3. NAME OF DECEASED (Type or Print)		a. (First) CLAY	b. (Middle) HAMILTON	c. (Last) STARK	4. DATE OF DEATH (Month) (Day) (Year) 5 22 53				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 10-2-1894	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) pres. Stark Nubs.		10b. KIND OF BUSINESS OR INDUSTRY Nursery		11. BIRTHPLACE (City and State or Foreign Country) Louisiana, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Edgar W. Stark		13b. MOTHER'S MAIDEN NAME Mattie Johnson		14. NAME OF HUSBAND OR WIFE Elizabeth Stark			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW#1		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Elizabeth Stark, Park Plaza Hotel		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEMOPTYSIS					
		ANTECEDENT CAUSES					
		DUE TO (b) TUMOR OF THE LUNG - MALIGNANT Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HYPERTENSIVE CARDIOVASCULAR DISEASE					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 163x			

22. I hereby certify that I attended the deceased from **5-21, 1953**, to **5-22, 1953**, that I last saw the deceased alive on **5-22, 1953**, and that death occurred at **7:55a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>W. J. Vermillion, M.D.</i>		(Degree or title) M. D.		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 5-22-53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 5-24-53		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Louisiana, Mo.	

DATE REC'D BY LOCAL REG. MAY 25 1953		REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Sterne, Louisiana, Mo.		ADDRESS	
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*If Licensed Embalmer's Statement on Reverse Side

7 7001

VS
JUL 28 1930

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 Ronald O Yehnik

Licensed Embalmer No. 3617

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.