

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21164

State File No. ....

5. No. 300  
v. 10.48

FILED JUL 14 1953

BIRTH NO. ....

REG. DIST. NO. *29*

PRIMARY REG. DIST. NO. *5373*

Registrar's No. *34*

0320

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

1. PLACE OF DEATH a. COUNTY <b>DeKalb</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>D'Kalb</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Amity (Rural)</b>		c. LENGTH OF STAY (in this place) <b>60 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Amity (Rural)</b>		0320
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <b>CLARA</b>		b. (Middle) <b>LYDIA</b>	c. (Last) <b>STARRETT</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 25 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 23 1869</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Ipania Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Jesse Wiley</b>		13b. MOTHER'S MAIDEN NAME <b>Amanda Miller</b>		14. NAME OF HUSBAND OR WIFE <b>George Starrett</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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Maud Thompson, Amity 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>Cerebral hemorrhage</b>  ANTECEDENT CAUSES Asorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Cardio-nephritis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>March 20 53</b> <b>3 months</b> <b>3 to 5 yrs.</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>442 X</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	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. <b>June 24 1953</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>			
22. I hereby certify that I attended the deceased from <b>March 20 53</b> , to <b>June 25 53</b> , that I last saw the deceased alive on <b>June 24 1953</b> , and that death occurred at <b>4:10 a. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Harold Johnson M.D.</b>			23b. ADDRESS <b>Maysville Missouri</b>		23c. DATE SIGNED <b>6/26-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6/27-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Amity</b>	24d. LOCATION (City, town, or county) (State) <b>Amity Missouri</b>		
DATE REC'D BY LOCAL REG. <b>7-1-53</b>	REGISTRAR'S SIGNATURE <b>Harold Johnson</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>PILCHER FUNERAL HOME MAYSVILLE MISSOURI</b>		

**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 \_\_\_\_\_



C. F. Filcher

Licensed Embalmer No. 3960

P. O. Address Maysville 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.