

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29670

State File No.

No. 300
10.48

FILED SEP 14 1953

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6034 Registrar's No. 397

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| 1. PLACE OF DEATH a. COUNTY <u>RIPLEY</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>RIPLEY</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - Hannibal 53 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - 0910</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Mi. Southwest of Ozley</u> | | d. STREET ADDRESS (If rural, give location) <u>3 Mi. S.W. of Ozley - Mo.</u> | |

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| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>ELIZABETH</u> | b. (Middle) | c. (Last) <u>STARNES</u> | (Month) <u>AUGUST</u> | (Day) <u>20</u> | (Year) <u>1953</u> |

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| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u> | 8. DATE OF BIRTH <u>OCT. 6 - 1868</u> | 9. AGE (In years last birthday) | if UNDER 1 YEAR | if UNDER 24 HRS. |
| | | | | <u>84</u> | <u>10</u> Days | <u>14</u> Hours |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>TENNESSEE</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>UNKNOWN</u> | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | 14. NAME OF HUSBAND OR WIFE <u>BILL STARNES</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>WILLIE PANE - DONIPHAN RI¹</u> | ADDRESS <u>RI¹</u> |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease.</u> | | MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4200</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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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 June, 1948, to Aug 20, 1953, that I last saw the deceased alive on Aug 15, 1953, and that death occurred at 3:08 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Frank E. Johnson M.D.</u> | 23b. ADDRESS <u>Doniphan, Mo</u> | 23c. DATE SIGNED <u>8/31/53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>8-25-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MARTIN CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>RIPLEY CO, MISSOURI</u> |
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| DATE REC'D BY LOCAL REG. <u>9-2-53</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>BLACK-EDWARDS</u> | ADDRESS <u>DONIPHAN - MO.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

910
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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: Gene A. Parrent
Licensed Embalmer No. 4809

P. O. Address Doniphan, 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.