

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**39466**

State File No. ....

**ED NOV 27 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 519

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jasper</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u> c. LENGTH OF STAY (In this place) <u>8 days</u>		<b>2. USUAL RESIDENCE</b> , (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u> d. STREET ADDRESS (If rural, give location) <u>1007 South Madison</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) <u>EDITH</u>	a. (First) _____ b. (Middle) <u>M.</u> c. (Last) <u>STARKWEATHER</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>November 17, 1953</u>
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Sept. 3, 1882</u>	<b>9. AGE</b> (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>14</u>	IF UNDER 24 HRS. Hours _____ Mins. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>At home</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Carterville, Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>C.L. Gray</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Nancy C. Daugherty</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Frank Starkweather (dec.)</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> <u>NONE</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Miss Caroline Starkweather</u> <u>Webb City, MO.</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>	<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>6 mo.</u>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Carcinoma of cervix</u>		
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (b) _____ DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>171X</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR</b>
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22. I hereby certify that I attended the deceased from May, 1953 to 11/17, 1953, that I last saw the deceased alive on 11/16, 1953 and that death occurred at 12:20 AM from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>E.H. Lewis, M.D.</u>	<b>23b. ADDRESS</b> <u>Frisc. Bldg., Joplin, MO.</u>	<b>23c. DATE SIGNED</b> <u>11/17/53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>Nov. 18, 1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt Hope Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Webb City, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>11-19-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Ed S. James</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Hedge Lewis</u> <u>Webb City, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 25 1953

Jasper County Health Office

County File Number 938

Date Filed NOV 25 1953

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 Richard Gray Lee

Licensed Embalmer No. 4453

P. O. Address Webb City

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

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