.S. No. 300
EV. 10.48

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

FILED NOV 17 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39669

State File No.

BIRTH NO. REG. DIST. NO. 185 PRIMARY REG. DIST. NO. 5691 Registrar's No. 14

0580 1

1. PLACE OF DEATH
a. COUNTY: LINN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL (JEFFERSON)
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): N.P. OF LACLEDE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LINN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL (JEFFERSON)
d. STREET ADDRESS (If rural, give location): LACLEDE 0580 1

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID
b. (Middle): EMERY
c. (Last): STARK

4. DATE OF DEATH (Month) (Day) (Year): 11-6-53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-2-1874
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: agriculture
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James K. Stark
13b. MOTHER'S MAIDEN NAME: Sedilla Biddenger
14. NAME OF HUSBAND OR WIFE: Empire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Guy Stark
ADDRESS: Laclede, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4201
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-3, *19*53, *to* 11-6, *19*53, *that I last saw the deceased alive on* 11-6, *19*53, *and that death occurred at* 12:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. R. Ryals (Degree or title): D.O.
23b. ADDRESS: Forest Grove, Mo
23c. DATE SIGNED: 11-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-8-53
24c. NAME OF CEMETERY OR CREMATORY: Laclede Cemetery
24d. LOCATION (City, town, or county) (State): Laclede, Missouri

DATE REC'D BY LOCAL REG.: Nov. 8-1953
REGISTRAR'S SIGNATURE: Chris A. Martens 169
25. FUNERAL DIRECTOR'S SIGNATURE: Brothers
ADDRESS: Laclede, Missouri

(Licensed Embalmer's Statement on Reverse Side)

SEP 9 1957

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 W R Wright

Licensed Embalmer No. 4655

P. O. Address Laclede, 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.