

FILED MAY 4 1954

STANDARD CERTIFICATE OF DEATH

State File No. 12939

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5945 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <i>Phelps</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Butler</i>	
b. CITY OR TOWN <i>Rural - N. Willow</i>	c. LENGTH OF STAY (in this place) <i>4 yrs</i>	c. CITY OR TOWN <i>Poplar Bluff</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Ferndale Nursing Home</i>		e. STREET ADDRESS (If rural, give location) <i>0127</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Edward</i>	b. (Middle) <i>A.</i>	c. (Last) <i>STARK</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Apr. 28, 1954</i>
-------------------------------------	--------------------------	-----------------------	------------------------	---

5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Feb. 14, 1900</i>	9. AGE (In years) (last birthday) <i>54</i>	UNDER 1 YEAR Months <i>2</i>	IF UNDER 1 HR. Hours <i>9</i>	Min. <i>4</i>
--------------------	-------------------------------	---	---------------------------------------	---	------------------------------	-------------------------------	---------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>—</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Butler Co. - Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
--	--	---	---

13a. FATHER'S NAME <i>Seller C. Stark</i>	13b. MOTHER'S MAIDEN NAME <i>Ella Ward</i>	14. NAME OF HUSBAND OR WIFE <i>Unknown</i>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>—</i>	16. SOCIAL SECURITY NO. <i>—</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Ferndale Nursing Home - St. James Mo</i>	ADDRESS
--	----------------------------------	---	---------

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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic myocardiitis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 years</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Nephritis</i>		<i>4 years</i>
	DUE TO (c) <i>Cerebral embolism of white matter</i>		<i>2 years</i>
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 <i>593X H.</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?
---	--	----------------------------

22. I hereby certify that I attended the deceased from *June 15, 1950*, to *April 28, 1954*, that I last saw the deceased alive on *4-22, 1954* and that death occurred at *2: A. M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>C. V. Hammler, M.D.</i>	(Degree or title)	23b. ADDRESS <i>St. James, Mo.</i>	23c. DATE SIGNED <i>4-29-54</i>
---	-------------------	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Apr. 30, 1954</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Hawson Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. James, Mo.</i>
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. <i>4-29-54</i>	REGISTRAR'S SIGNATURE <i>Ruth B. Powell</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Oral E. Lisbider</i>	ADDRESS <i>St. James Mo</i>
---	---	--	-----------------------------

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

0810
1

County File Number
Date Filed 0-3-54

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 not embalmed, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.