

FILED SEP 7 1954

STANDARD CERTIFICATE OF DEATH

State File No. 28161

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4281 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY Lewis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lewis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Canton Canton		c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN Canton		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 514 White Str.			e. STREET ADDRESS (If rural, give location) 614 White Str. 0560		
3. NAME OF DECEASED (Type or Print) FOURTH		a. (First) P.	b. (Middle) STARR	c. (Last) SEPT. 1, 1954	4. DATE OF DEATH (Month) (Day) (Year)
5. SEX Male	6. COLOR: RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 4, 1872	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Agent	10b. KIND OF BUSINESS OR INDUSTRY Insurance Agency	11. BIRTHPLACE (City and State or Foreign Country) Canton, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Nehemiah D. Starr		13b. MOTHER'S MAIDEN NAME Henrietta Hedley		14. NAME OF HUSBAND OR WIFE Carrie Graves	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 500-3603577	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Carrie Starr, Canton, Mo.			
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) Coronary Thrombosis Arterio Sclerosis 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.				INTERVAL BETWEEN ONSET AND DEATH 3 days UNKNOWN
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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) (Min.)	
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 July 2, 1954, to Sept 1, 1954 that I last saw the deceased alive on Sept 1, 1954 and that death occurred at 6 A. M., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>Thomas J. ...</i>			23b. ADDRESS Canton Mo		23c. DATE SIGNED Sept 2-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE Sept. 4, 1954	24c. NAME OF CEMETERY OR CREMATORY Valhalla Chapel	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
DATE REC'D BY LOCAL REG. 9-3-54	REGISTRAR'S SIGNATURE P. W. Jennings	161-8	25. FUNERAL DIRECTOR'S SIGNATURE Carl H. ...	ADDRESS Canton, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

E. L.

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

SEP 10 1957

SEP 27 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.....
Signature of Student Embalmer

Signed *Carl H. Buckley*.....

Licensed Embalmer No. *7618*.....

P. O. Address *Canton, Wis.*.....

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.