

FILED JUN 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16052

| | | | | | | | |
|---|---|--|--|---|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>210</u> | | PRIMARY REG. DIST. NO. <u>4321</u> | | Registrar's No. <u>31</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Mercer</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> < b. COUNTY <u>Mercer</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mercer</u> | | c. LENGTH OF STAY (in this place) <u>2 years</u> | | c. CITY OR TOWN <u>Mercer</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own Home</u> | | | | STREET ADDRESS (If rural, give location) <u>0650</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Orville</u> b. (Middle) _____ c. (Last) <u>Stark</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 14, 1955</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Nov. 22, 1905</u> | | 9. AGE (In years last birthday) <u>49</u> | 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) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Mo. 0</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Mahlon Stark</u> | | 13b. MOTHER'S MAIDEN NAME <u>Effie May Varner</u> | | 14. NAME OF HUSBAND OR WIFE <u>Olive Stark</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Ordie O. Stark</u> ADDRESS <u>Mercer Mo.</u> | | | |
| 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) <u>Respiratory failure</u> ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mitochondrial insufficiency</u> DUE TO (c) <u>Hodgkin's disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>201x</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>20 min.</u> <u>1 week</u> <u>2 years</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>January, 1955</u> , to <u>May</u> , 1955, that I last saw the deceased alive on <u>May 14</u> , 1955, and that death occurred at <u>8:05 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Dr. P. Lawson</u> | | | | 23b. ADDRESS <u>Box 98 - Mercer Mo.</u> | | 23c. DATE SIGNED <u>6-2-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>May 16, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Gardner Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Mercer County Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>6-3-55</u> | | REGISTRAR'S SIGNATURE <u>Abel</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>Max L. Shanks</u> | | ADDRESS <u>Lineville Iowa.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Ames L. Greenlee*

Licensed Embalmer No. *396*

P. O. Address *Lincville*

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.