

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19082

FILED JUL 15 1955

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 236

1. PLACE OF DEATH a. COUNTY. <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Independence</b>	c. LENGTH OF STAY (in this place) <b>44yrs</b>	c. CITY OR TOWN <b>Independence</b>	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 <b>1506 Willow St</b>		f. STREET ADDRESS (If rural, give location) <b>1506 Willow St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MRS. NELLIE</b> b. (Middle) <b>MAUDE</b> c. (Last) <b>STARK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 24, 1955</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 30, 1872</b>	9. AGE (In years last birthday) <b>83</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Artist</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Artist</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Augusta, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Wm. McClure</b>		13b. MOTHER'S MAIDEN NAME <b>Mary A. Sullivan</b>		14. NAME OF HUSBAND OR WIFE <b>James Stark dec.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Charles Merker Indep. Mo.</b>	

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) <b>Uremia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Chron. interstitial nephritis</b>			<b>5 years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <b>unknown</b>			
		<b>Senility</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>592X</b>			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) m.		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 21, 1955 to June 24, 1955, that I last saw the deceased alive on June 21, 1955 and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>J. N. Hill, M.D.</b>		23b. ADDRESS <b>1438 Hedges Ave Independence, Mo</b>		23c. DATE SIGNED <b>6-25-55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 27, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Washington</b>		24d. LOCATION (City, town, or county) (State) <b>KCMO</b>	
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DATE REC'D BY LOCAL REG. <b>6-27-55</b>		REGISTRAR'S SIGNATURE <b>R. M. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ott &amp; Mitchell Indep. Mo.</b>	
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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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Henry S. Mitchell  
Licensed Embalmer No. 39-

P. O. Address Indy, Ind.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.