

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **21545**

FILED AUG 1 - 1955

BIRTH NO. _____		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>4134</u>		Registrar's No. <u>53</u>	
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>CLAY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SMITHVILLE, MO.</u>		c. LENGTH OF STAY (in this place) <u>4 DAYS</u>		c. CITY OR TOWN <u>GLADSTONE</u>		d. In 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 <u>SMITHVILLE COMMUNITY HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>KANSAS CITY, MO. ROUTE 16</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEON</u>		b. (Middle) <u>CASTLE</u>		c. (Last) <u>STARLING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 27, 1955</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>MAR. 17, 1913</u>	9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>PINE LEVEL, NORTH CAROLINA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A</u>	
13a. FATHER'S NAME <u>E. B. STARLING</u>		13b. MOTHER'S MAIDEN NAME <u>POLLY ANN PITMAN</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN--DIVORCEE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNABLE TO FIND</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J.C. STARLING, KANSAS CITY NORTH ROUTE 16</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage from Esophageal Varices</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cirrhosis of liver</u> DUE TO (c) <u>Chronic Ethanol Poisoning</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>20 years</u> <u>20 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5811</u>				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 <u>July 25, 1955</u> , to <u>July 27, 1955</u> , that I last saw the deceased alive on <u>July 27, 1955</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Deed or title) <u>Donald P. Kuengi, M.D.</u>				23b. ADDRESS <u>Freshland Missouri</u>		23c. DATE SIGNED <u>7-27-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>RIPITAL</u>		24b. DATE <u>7-31-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>STARLING CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>JOHNSTON CO. NORTH CAROLINA</u>	
DATE REC'D BY LOCAL REG. <u>7-27-55</u>		REGISTRAR'S SIGNATURE <u>Marjorie L. Huggins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McCOMAS FUNERAL HOME, SMITHVILLE, MO.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Donald W. Hanks*.....

Licensed Embalmer No. *45-2*.....

P. O. Address *Smithville*.....

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.