No. 300
10-48

FILED SEP 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29429

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 4185 Registrar's No. 538

0360

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

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Clair
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St Louis
c. CITY OR TOWN: St Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 2004

3. NAME OF DECEASED (Type or Print)
a. (First): Willie
b. (Middle):
c. (Last): Starks

4. DATE OF DEATH (Month) (Day) (Year): Sept 17, 1955

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 11-1894
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 4 Days 6 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleman
10b. KIND OF BUSINESS OR INDUSTRY: Walkins Produce
11. BIRTHPLACE (City and State or Foreign Country): Safay Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Wallace Starks
13b. MOTHER'S MAIDEN NAME: Etta Mealer
14. NAME OF HUSBAND OR WIFE: Violet Starks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): none (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 499-03-7741
17. INFORMANT'S SIGNATURE OR NAME: Floyd Dean Starks — ADDRESS: St. Louis 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): In auto accident on Hwy #66

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): while crossing 66 on Happy Sox
DUE TO (c): road Fractured Skull

INTERVAL BETWEEN ONSET AND DEATH: —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Internal Injuries and lacerations

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: all over body.
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hwy #66
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Clair ~~Moravia~~ Central Franklin Mo
036

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 17, 1955 8:45 PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: While crossing Hwy #66 in car

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ernst L. Oltmann coroner
23b. ADDRESS: Gerald Mo
23c. DATE SIGNED: Sept 18, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 20 1955
24c. NAME OF CEMETERY OR CREMATORY: Green Mt Cemetery
24d. LOCATION (City, town, or county) (State): St Clair Missouri

DATE REC'D BY LOCAL REG.: 9-20-55
REGISTRAR'S SIGNATURE: Floyd Williams 511 O
25. FUNERAL DIRECTOR'S SIGNATURE: Sherwood W. Kitchell — ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

SEP 28 1955

SEP 29 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elmer R. Sadwell

Licensed Embalmer No. 407

P. O. Address St. Lou

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