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FILED FEB 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7852**

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6225** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Douglas	
b. CITY OR TOWN Washington		c. CITY OR TOWN Keltner	
c. LENGTH OF STAY (in this place) 14 10M 6B		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospit No 3 Nevada Mo		e. STREET ADDRESS (If rural, give location) unknown	

3. NAME OF DECEASED (Type or Print) a. (First) Joyd b. (Middle) B. c. (Last) Starrett			4. DATE OF DEATH (Month) (Day) (Year) Feb 15 1956		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH 4-21-1899		9. AGE (In years last birthday) 76		10. IF UNDER 1 YEAR Days 24	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Mo	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME A. D. Starrett		13b. MOTHER'S MAIDEN NAME Elizabeth Hall		14. NAME OF HUSBAND OR WIFE unknown	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) unknown		17. INFORMANT'S SIGNATURE OR NAME Records State Hospit 3 Nevada Mo	
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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) Generalized Arterio Sclerosis with psychosis -				INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
		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.					

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 4500				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None	

22. I hereby certify that I attended the deceased from **4-9-1924**, to **Feb 15, 1956**, that I last saw the deceased alive on **Feb 14, 1956**, and that death occurred at **2 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Sylvester Roggett M.D.		23b. ADDRESS State Hospit 3 Nevada		23c. DATE SIGNED 2-15-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1956		24c. NAME OF CEMETERY OR CREMATORY State Hospital Cemetery Nevada		24d. LOCATION (City, town, or county) (State) Missouri	
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DATE REC'D BY LOCAL REG. 2-17-1956		REGISTRAR'S SIGNATURE Wm. J. Ferry		25. FUNERAL DIRECTOR'S SIGNATURE Berry General Home Nevada, Mo		ADDRESS Mo	
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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.....
L. Douglas Perry

Licensed Embalmer No. *H. 9*

P. O. Address *T. Nevada*

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