

FILED JUN 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17234**BIRTH NO. _____ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **3051** Registrar's No. **70**

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) --a. STATE Mo. b. COUNTY Madison 0620	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Perryville 4 township)		c. LENGTH OF STAY (in this place) 3 weeks	c. CITY OR TOWN Rural-Castor Twnsp. d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 1
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Lawn Nursing Home		e. STREET ADDRESS (If rural, give location) Route 2, Fredericktown, Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Wesley c. (Last) Starkey		4. DATE OF DEATH (Month) (Day) (Year) May 8, 1956	
5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Oct. 4, 1886
9. AGE (in years last birthday) 69	IF UNDER 1 YEAR Months 7 Days 4	IF UNDER 4 HRS. Hours Min. 	11. BIRTHPLACE (City and State or Foreign Country) Missouri 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Lead Mining	
11. CITIZEN OF WHAT COUNTRY? U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Christopher Starkey		13b. MOTHER'S MAIDEN NAME Minerva Davis	
14. NAME OF HUSBAND OR WIFE Alice R. Starkey		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 490-18-2810-A		17. INFORMANT'S SIGNATURE OR NAME A Mrs. Dorothy Tinnin, Fredericktown, Mo. ADDRESS 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, asthemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple cerebral thrombi 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) Cerebral arteriosclerosis years 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	19b. MAJOR FINDINGS OF OPERATION 332x		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 4-14 , 19 56 , to 5-8 , 19 56 , that I last saw the deceased alive on 5-1 , 19 56 , and that death occurred at 8:00A m., from the causes and on the date stated above.			
23a. SIGNATURE (Dress or title) J. F. Fairchild, M.D.		23b. ADDRESS Perryville, Mo.	23c. DATE SIGNED 5-14-56
24. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/11/56	24c. NAME OF CEMETERY OR CREMATORY Rhodes Chapel Cemetery	24d. LOCATION (City, town, or county) (State) Madison County, Mo.
DATE REC'D BY LOCAL REG. May 16, 1956	REGISTRAR'S SIGNATURE Joseph Zöllner	25. FUNERAL DIRECTOR'S SIGNATURE Najim Funeral Home, Fredericktown, Mo. ADDRESS	

(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 *Charles McCarty*

Licensed Embalmer No. *485*

P. O. Address *Fredricktown*

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.