

FILED SEP 25 1956

## STANDARD CERTIFICATE OF DEATH

32939

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <i>Vernon</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Minnesota</i> b. COUNTY <i>Vernon</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Washington</i>		c. CITY OR TOWN <i>Harwood 1080</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Minnesota State Hosp 9 mo 170</i>		d. STREET ADDRESS (If outside, give location) <i>Kutkueman</i>	
3. NAME OF DECEASED (Type or print) <i>Arley Harvey Stark</i>		4. DATE OF DEATH <i>Sept 15-1956</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>11-6-1874</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>		9. AGE (In years last birthday) <i>81</i>	
10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>		11. BIRTHPLACE (City and state or country) <i>Minnesota</i>	
13. FATHER'S NAME <i>William A. Stark</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>none</i>		14. MOTHER'S MAIDEN NAME <i>Emily Kimberlin</i>	
16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Adm Payer</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i> DUE TO (b) <i>Arterio Sclerosis</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Serum Peritonitis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Wks -</i> <i>yes</i>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY <i>Hour Month, Day, Year</i> <i>a. m. p. m.</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <i>May 28 1956</i> to <i>Sept 15 1956</i> and last saw <i>her</i> alive on <i>9-14-56</i> Death occurred at <i>E.A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Callie Williams M.D.</i>		22b. ADDRESS <i>Nebraska Mo</i>	22c. DATE SIGNED <i>9-15-56</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>9-17-56</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Leifer Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Harwood Mo</i>
24. FUNERAL DIRECTOR <i>Callie Williams</i> ADDRESS <i>Harwood Mo</i>		25. DATE RECD. BY LOCAL REG. <i>9-19-1956</i>	26. REGISTRAR'S SIGNATURE <i>Orma E. Ferris</i>

diseases in Part I, must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 em-  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *William*

Licensed Embalmer No..270

P. O. Address Harwood, ..

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.