

with, welfare, public service, 00 56, diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42460

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 5984 Registrar's No. 164

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richland (Rural)</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Lebanon</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>highway 133</u>				d. STREET ADDRESS (If outside, give location) <u>319 North St</u>			
3. NAME OF DECEASED (Type or print) First <u>Noel</u> Middle <u>J</u> Last <u>Stark</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>30</u> Year <u>1956</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 6 1919</u>	9. AGE (In years last birthday) <u>37</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>24</u>	IF UNDER 24 HRS. Hours <u>24</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Highway Construction laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Only, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Carnest Stark</u>				14. MOTHER'S MAIDEN NAME <u>Zona Evans</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War II</u>				16. SOCIAL SECURITY NO. <u>494-18-5556</u> Informant <u>Mrs Zona Moore Lebanon Mo.</u> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Skull fracture + crushed head</u> DUE TO (b) <u>Car accident</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I:(a) _____						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input checked="" 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.) <u>Thrown out of car after car went out of control</u>				
20c. TIME OF INJURY Hour <u>3</u> a. m. Month <u>11</u> Day <u>30</u> Year <u>56</u>			20d. PLACE OF INJURY (ie. g., in or about home, farm, factory, street, office bldg., etc.) <u>highway 133</u>				
20e. CITY, TOWN, OR LOCATION <u>near Richland Pulaski, Mo.</u>			20f. COUNTY <u>D85</u>		STATE		
21. I attended the deceased <u>from 11/30/56</u> to <u>12/2/56</u> and left <u>at 2:00 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at <u>approx 2:00 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE OF <u>T. Holman</u> (Degree or title) <u>County Coroner.</u>				22b. ADDRESS <u>Richland, Missouri</u>		22c. DATE SIGNED <u>12/2/56</u>	
23a. BURIAL, CREMATION OR REMOVAL (Specify)		23b. DATE <u>12/3/56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Bolles Cemetery near Lebanon Mo.</u>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <u>Holman</u> ADDRESS <u>Lebanon, Mo.</u>			25. DATE RECD. BY LEGAL REG. <u>12-3-56</u>		26. REGISTRAR'S SIGNATURE <u>Eula Mae Anderson</u>		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-8-56
County Health Officer
164
File Number
Date Filed 12-3-56

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 *Dorsey M. How*

Licensed Embalmer No. *42*

P. O. Address *Lebanon*

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.