

FILED MAR 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

753

BIRTH NO. _____ REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>40 YRS</u>	c. CITY OR TOWN <u>Kansas City</u>	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 <u>613 E 44th Ave</u>		STREET ADDRESS (If rural, give location) <u>106 613 E 44th Ave</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Etha</u> b. (Middle) <u>P.</u> c. (Last) <u>Starkweather</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 14 1957</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 10 1890</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Rodi Calif</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Millard Brown</u>		13b. FATHER'S MAIDEN NAME <u>Sallie Haskell</u>		14. NAME OF HUSBAND OR WIFE <u>Robert N. Starkweather</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Key Col 613 E 44th St Ave</u>		ADDRESS	
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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) <u>Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u>				<u>10 years plus</u>	
		DUE TO (c) <u>Recent Acute Cholecystitis</u>				<u>4201</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>1 week</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <u>2</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from June, 1956, to Feb 14, 1957, that I last saw the deceased alive on 2-12, 1957 and that death occurred at 7:25 am., from the causes and on the date stated above.

23a. SIGNATURE <u>Donald E. Quenzi</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Rte 1 Goshland Mo</u>		23c. DATE SIGNED <u>2-14-57</u>	
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24a. BURIAL, CREMATION, OR TOMB		24b. DATE <u>2-16-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK Hill Cem</u>		24d. LOCATION (City, town, or county) (State) <u>LAWRENCE KANSAS</u>	
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DATE REC'D BY LOCAL REG. <u>2-16-57</u>		REGISTRAR'S SIGNATURE <u>Reva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Keutomeis Jones</u>		ADDRESS <u>77 K.C. Mo.</u>	
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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 *John Walsbeck*.....

Licensed Embalmer No. *494*

P. O. Address *To Kansas*

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.