

Health, Welfare, Public, Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28490  
STATE FILE NUMBER

FILED AUG 21 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 387

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Joplin</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Joplin</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: <u>St. Johns</u>		Length of stay in lb <u>20 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>2001 Virginia</u>
3. NAME OF DECEASED (Type or print) First <u>Starkie</u> Middle <u>A</u> Last <u>Jones</u>			4. DATE OF DEATH Month <u>7</u> Day <u>15</u> Year <u>1957</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 21, 1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocery man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Grocer</u>	9. AGE (In years last birthday) <u>72</u>
11. BIRTHPLACE (City and state or country) <u>Maysville Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Gertrude Henning</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service). <u>no</u>	16. SOCIAL SECURITY NO. <u>491-07-9350</u>	17. INFORMANT <u>Gertrude Henning</u> Address <u>Joplin</u>	
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>urethral stricture with chronic nephritis and terminal uremia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>arteriosclerosis (generalized)</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <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 <u>Oct. 1953</u> to <u>7/15/57</u> and last saw him alive on <u>7/15/57</u> Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>G. A. Schulte, M.D.</u>		22b. ADDRESS <u>2125 Jackson, Joplin, Mo.</u>	22c. DATE SIGNED <u>8/9/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>7-17-57</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>Forest Park (East)</u>	23d. LOCATION (City, town, or country) (State) <u>Joplin Mo</u>
24. FUNERAL DIRECTOR <u>Tharnee Bellon Joplin</u>		25. DATE RECD. BY LOCAL REG. <u>8-13-1957</u>	26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

AUG 21 1957

AUG 19 1957

RECEIVED

Jasper County Health Office

County File Number 57-8-224

Date Filed AUG 19 1957

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 *Paula Thibault*

Licensed Embalmer No. 3590

P. O. Address *J. P. Thibault*

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.