

FILED SEP 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29066
274
Registrar's No. 016

BIRTH NO.		REG. DIST. NO. 295		PRIMARY REG. DIST. 016		Registrar's No. 016	
1. PLACE OF DEATH a. COUNTY Howard Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY RANDOLPH			
b. CITY (If outside corporate limits, write RURAL, and give street address) Silver Creek Twp OR TOWN RURAL		c. LENGTH OF STAY (In this place) 2 WKS		c. CITY OR TOWN MOBERLY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 mi W of Yates				e. STREET ADDRESS (If rural, give location) 1217 QUINN STREET 0883			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) HARVEY		c. (Last) STARK		4. DATE OF DEATH (Month) (Day) (Year) AUG. 30, 1957	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH DEC. 13, 1883	
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 2 Days 27		IF UNDER 24 HRS. Hours 2 Min. 27		9. AGE (In years last birthday) 73	
10a. USUAL OCCUPATION (Give kind of work done during most of the year, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY MERCHANT		11. BIRTHPLACE (City and State or Foreign Country) RANDOLPH COUNTY, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JAMES STARK		13b. MOTHER'S MAIDEN NAME LIZZIE BRADLEY		14. NAME OF HUSBAND OR WIFE ANNA STARK			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS ANNA STARK MOBERLY, MISSOURI			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Transition and Debilitation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinomatosis DUE TO (c) Primary Carcinoma of Liver				INTERVAL BETWEEN ONSET AND DEATH 1 week unknown unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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. HOW DID INJURY OCCUR	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 8-12, 1957 , to 8-30, 1957 , that I last saw the deceased alive on 8-30, 1957 , and that death occurred at 8:42 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Per J. Brohinson D.O.				23b. ADDRESS Hebber Mo.		23c. DATE SIGNED 8-31-57	
24a. BURIAL, CREMATION, BURIAL (Specify)		24b. DATE SEPT. 1, 1957		24c. NAME OF CEMETERY OR CREMATORY OAKLAND CEMETERY		24d. LOCATION (City, town, or county) (State) MOBERLY, MISSOURI	
DATE REC'D BY LOCAL REG. 9/4/57		REGISTRAR'S SIGNATURE Mary A. Bentley		25. GENERAL DIRECTOR'S SIGNATURE Wm. E. Sullivan		ADDRESS MOBERLY, MO.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 13 1951

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.....
Richard L. Rogers

Licensed Embalmer No. 495

P. O. Address.....
Mahealy

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.