

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005871
Star File No.

FILED MAR 3 - 1958

No. 300
10.48

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 632	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Jackson			
b. CITY OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 45 YEARS		c. CITY OR TOWN Kansas City		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 St Lukes Hospital				STREET ADDRESS (If rural, give location) 83rd 3006 57th STREET			
3. NAME OF DECEASED (Type or Print) a. (First) Elmira		b. (Middle) J		c. (Last) Stark		4. DATE OF DEATH (Month) (Day) (Year) 2 5 58	
5. SEX female		6. COLOR OR RACE white		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 2-22-89	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) DALLAS TEXAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME: BENJAMIN WELLER			13b. MOTHER'S MAIDEN NAME: GEORGIA LINCOLN			14. NAME OF HUSBAND OR WIFE: JOHN W. STARK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOHN W. STARK 300 EAST 57th ST. KANSAS CITY, MO			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral infarction		PRECEDENT CAUSES (b) Cerebral thrombosis				16 days	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) arteriosclerosis, cerebral				5 years	
II. OTHER SIGNIFICANT CONDITIONS		Diabetes Mellitus				33 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Sept 1957, to Feb 5, 1958, that I last saw the deceased alive on Feb 5, 1958, and that death occurred at 9:55 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H Eugene Smith, M.D.				23b. ADDRESS 411 Michigan		23c. DATE SIGNED Feb 6-1958	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB 6-1958		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 2-6-58		REGISTRAR'S SIGNATURE Vera Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. NEUCOMER'S SONS, KANSAS CITY, MISSOURI 1321 BIRCH CREEK			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD H. Eugene Smith



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 *James W. Larson*

Licensed Embalmer No. *4889*

P. O. Address *D.C. 7/8*

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.