

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033008
STATE FILE NUMBER
4288

FILED OCT 1 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4288

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If in hospital, give institution) HOSPITAL OR INSTITUTION 1310 Armour Blvd		Length of stay in lb 70 Years	d. STREET ADDRESS (If outside, give location) 1310 Armour Blvd Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CARL WILLIAM STARK			4. DATE OF DEATH Month Day Year Sept. 6 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-25-1878
9. AGE (In years last birthday) 80		FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardner		10b. KIND OF BUSINESS OR INDUSTRY Landscaping	11. BIRTHPLACE (City and state or country) Schmalkalden Germany
12. CITIZEN OF WHAT COUNTRY? U S		13a. FATHER'S NAME No Record	
13b. MOTHER'S MAIDEN NAME No Record		14. NAME OF HUSBAND OR WIFE Emma Stark	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 500-22-8716	17. INFORMANT Address Wesley C. Stark McLean Virginia
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalomalacia, Senility, arteriosclerosis, auricular fibrillation, DUE TO (b) and anemia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Terminal areas of purpura hemorrhagica PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Do not include the terminal disease conditions listed in Part I (a)) Large hydrocele. medium sized right inguinal hernia.			INTERVAL BETWEEN ONSET AND DEATH 332+
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE none	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none		20c. TIME OF INJURY Hour Month, Day, Year none	
20d. INJURY OCCURRED WHILE AT WORK WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	
20f. CITY, TOWN, OR LOCATION none		COUNTY STATE	
21. I attended the deceased from 11-20-1955 to 9-6-58 and last saw ^{xxx} him _{him} alive on 9-5-58 Death occurred at 8:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Harvey Jennett M.D.		22b. ADDRESS 1500 Professional Bldg Kansas City 6 Mo	
22c. DATE SIGNED 9-8-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE Sept. 9th 58		23c. NAME OF CEMETERY OR CREMATORY Worden	
23d. LOCATION (City, town, or county) Worden Kansas		(State)	
24. FUNERAL DIRECTOR Wagner Funeral Home Kansas City Mo.		25. DATE RECD. BY LOCAL REG. 9-8-58	
26. REGISTRAR'S SIGNATURE Neva Minchell			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
J. Harvey Jennett

Nov 2 - 21 1921
Done at 1:30 P.M. to 4



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 Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address Kansas Co

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.