

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033375
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY Lawrence			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Lawrence)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Aurora		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION Aurora Hospital		Length of stay in lb 3 hrs.	d. STREET ADDRESS (If outside, give location) 409 W. Pleasant St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Clarence R. Stark			4. DATE OF DEATH Month Day Year October 7, 1958		
5. SEX Male <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11/24/1893		9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) Custodian		10b. KIND OF BUSINESS OR OCCUPATION Church	11. BIRTHPLACE (City and state or country) Pierce City, Mo. <input type="checkbox"/>		12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME Eb Stark		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Catherine Stark	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, unknown) (If yes, give unit or dates of service) yes <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. yes		17. INFORMANT Address Catherine Stark Aurora, Missouri.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) ASCVD Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) 4200					INTERVAL BETWEEN ONSET AND DEATH 5 hrs. 10.5 hrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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 a.m. Month, Day, Year 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 10/7/58 , to _____ and last saw her alive on 10/7/58 . Death occurred at 9:25 PM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE [Signature] (Degree or title)			22b. ADDRESS [Address]		22c. DATE SIGNED 10/10/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/10/58	23c. NAME OF CEMETERY OR CREMATORY Pierce City Cemetery		23d. LOCATION (City, town, or county) (State) Pierce City, Missouri.
24. FUNERAL DIRECTOR Marsh Funeral Service, Aurora, Mo.		25. DATE RECD. BY LOCAL REG. 10/10/58		26. REGISTRAR'S SIGNATURE Ora Mc Natt	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

1958

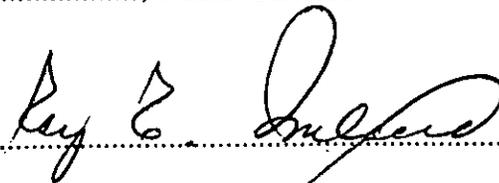
APR 7

OCT 17 1958

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 

Licensed Embalmer No. 5052

P. O. Address Aurora, Missouri.

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.