

MARI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028573

FILED 13 AUG 27 1959

Registration District No. 098

Primary Registration District No. _____

Registrar's No. 72

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Daviess				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Daviess			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Pattonburg		Length of stay in 1b Life		c. CITY OR TOWN Pattonburg Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			d. STREET ADDRESS (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED First Middle Last James Howard Stark				4. DATE OF DEATH Month Day Year 11 August 1959			
5. SEX Male	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 Apr 25 1876	9. AGE (last birthday) 83	IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Pattonburg Mo.			
12. CITIZEN OF WHAT COUNTRY US.		13a. FATHER'S NAME Bertson Stark	13b. MOTHER'S MAIDEN NAME Cecelia Lightner	14. NAME OF HUSBAND OR WIFE Wm J Stark			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No No		16. SOCIAL SECURITY NO. IF INFORMANT Address UNKNOWN Patton Stark - Gallatin					
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 Occlusion Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) Senility				INTERVAL BETWEEN ONSET AND DEATH 4 hrs. 10 yrs. 15 yrs.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 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 Jan '59 to 8-10-59 and last saw ^{her} him alive on 8-10-59 Death occurred at 2:30 A.M. 8-12-59 m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Regist. or title) Floyd E. Nelson M.D.			22b. ADDRESS Gallatin Mo.		22c. DATE SIGNED 8-11-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Rural	23b. DATE 13 Aug 59	23c. NAME OF CEMETERY OR CREMATORY Civil Burial Christian		23d. LOCATION (City, town, or county) (State) Civil Burial Mo.			
24. FUNERAL DIRECTOR ADDRESS F. D. Johnson Pattonburg, Mo.		25. DATE RECD. BY LOCAL REG. 8-22-1959	26. REGISTRAR'S SIGNATURE Wiggin Engelhart				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS
OCT 1 1 1960
SW

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harvey C. Robinson

Licensed Embalmer No. 507

P. O. Address Pattonburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.