

R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031165

FILED VS AUG 24 1959

Registration District No. 2, 2, 4 Primary Registration District No. 6093 Registrar's No. 133

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Saline		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 Marshall TWP.		Length of stay in 1b 22 yrs		c. CITY OR TOWN Kansas C,ty Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri State School			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1922 E. 81st Terrace Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Muriel Middle Lynn Last Stark			4. DATE OF DEATH Month August Day 20 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-28-1923	9. AGE (last birthday) 35 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)		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and state or country) Kansas City, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Lincoln Stark		13b. MOTHER'S MAIDEN NAME Gertrude Hickey	
14. NAME OF HUSBAND OR WIFE None		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. None	
17. INFORMANT Mo. State School Records, Marshall, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental Strangulation		INTERVAL BETWEEN ONSET AND DEATH 20 11:21	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)	
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 checked="" 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.) Accidental Strangulation	
20c. TIME OF INJURY 12:33 a.m.		Month, Day, Year 8-20-59			
20d. INJURY OCCURRED 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.) Mo. State School		20f. CITY, TOWN, OR LOCATION COUNTY STATE Marshall Saline, Mo	
21. I attended the deceased from made investigation 8-20-59 and last saw her him alive on 8-20-59 Death occurred at 12:33 A.M. 8-20-59 on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) W.D. Coroner Saline Co			22b. ADDRESS Marshall Mo		22c. DATE SIGNED 8-20-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-21-1959		23c. NAME OF CEMETERY OR CREMATORY Mt. Maria Cemetery	
23d. LOCATION (City, town, or county) Hannan City		23e. STATE Mo			
24. FUNERAL DIRECTOR Harry Hershberger			ADDRESS Marshall Mo		25. DATE RECD. BY LOCAL REG. 8-21-59
26. REGISTRAR'S SIGNATURE Cecil G. Reed					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Harry Hershberger

Licensed Embalmer No. 435

P. O. Address Marshall

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.