

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 5 8 7

FILED VS DEC 28 1959

53

Primary Registration District No. 3010

Registrar's No. 477

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cape Girardeau</b>		Length of stay in 1b <b>10 days</b>		c. CITY OR TOWN <b>Jackson, R# 1</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Southeast Mo. Hosp.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>7 miles North</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) <b>FRED ERNEST STARZINGER</b>				4. DATE OF DEATH Month <b>Dec.</b> Day <b>11</b> Year <b>1959</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7/5/1893</b>		9. AGE (last birthday) <b>66</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>			11. BIRTHPLACE (City and state or country) <b>Pocahontas, Mo.</b>			12. CITIZEN OF WHAT COUNTRY <b>USA</b>				
13a. FATHER'S NAME <b>John Starzinger</b>				13b. MOTHER'S MAIDEN NAME <b>Rosa Hoehn</b>				14. NAME OF HUSBAND OR WIFE <b>Alma Starzinger</b>					
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, No or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>488 42 0121</b>				17. INFORMANT Address <b>Glen Starzinger Jackson, Mo.</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b>										INTERVAL BETWEEN ONSET AND DEATH <b>11 days.</b>			
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) <b>Essential hypertension</b>								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 _____ a.m. _____ p.m. _____		Month, Day, Year											
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.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE		
21. I attended the deceased from <b>2-14-1953</b> to <b>12-11-59</b> and last saw <sup>her</sup> him alive on <b>12-10-59</b> . Death occurred at <b>10:55</b> <b>A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>L. N. Jaeger, M.D.</b> (Degree or title)						22b. ADDRESS <b>Jackson, Mo.</b>				22c. DATE SIGNED <b>12-12-59.</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Dec. 13 59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Zion Lutheran</b>				23d. LOCATION (City, town, or county) (State) <b>Pocahontas, Mo.</b>					
24. FUNERAL DIRECTOR <b>MC COMBS</b>				ADDRESS <b>Jackson, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-22-1959</b>		26. REGISTRAR'S SIGNATURE <b>Loren Katten</b>					

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 me  
or by Bruce Harkin, Student Embalmer No. 598

working under my personal supervision.

Student Bruce Harkin  
Signature of Student Embalmer

Signed BA Meyer

Licensed Embalmer No. 3051

P. O. Address Jackson

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.