

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-014046

FILED VS. APR. 18 1960

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 1000

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Adair			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville		Length of stay in 1b yrs.	c. CITY OR TOWN Kirkville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 510 N Osteopathy		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last WILMA STARKS			4. DATE OF DEATH Month Day Year April 5 1960			
5. SEX Female	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 2-1-1917	9. AGE (last birthday) 43	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (City and state or country) Schuyler Co. Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Harvey Clyde McElhinney		13b. MOTHER'S MAIDEN NAME Ava Coons		14. NAME OF HUSBAND OR WIFE Gail Starks		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 488-24-7017 488-10-0000		17. INFORMANT Address Gail Starks, Kirkville, 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) Labar Pneumonia					INTERVAL BETWEEN ONSET AND DEATH 7 days	
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) arterosclerotic Heart Disease				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 checked="" type="checkbox"/> NO <input 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"/> 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 10:30am 4-3-60 to 2:00pm 4-5-60 and last saw her ^{her} _{with} alive on 4-5-60 Death occurred at 1:20 pm 4-5-60 m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Richard P. Valuckoo			22b. ADDRESS Laughlin Hospital, Kirkville, Mo.		22c. DATE SIGNED 4-5-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-7-1960	23c. NAME OF CEMETERY OR CREMATORY Queen City Cemetery		23d. LOCATION (City, town, or county) (State) Queen City, Missouri		
24. FUNERAL DIRECTOR Davis & Davis, Kirkville, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 4-14-1960	26. REGISTRAR'S SIGNATURE Doris W. Ratliff		

DED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

RICHARD P. VALUCKI, D.O.

RRR

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 Robert B. Harris

Licensed Embalmer No. 4219

P. O. Address Kirkville

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.