

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-047044

FILED VS DEC 29 1960

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 433 ~~733~~ **STATE FILE NUMBER**

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		Length of stay in lb	c. CITY OR TOWN <u>Sedalia</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1002 West Broadway</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOHN Middle R. Last STARKEY 4. DATE OF DEATH Month December Day 22 Year 1960

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3-22-1887 9. AGE (last birthday) 73 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) Wood Worker 10b. KIND OF BUSINESS OR INDUSTRY Auto & Wood Refinishing 11. BIRTHPLACE (City and state or country) Allen County, Kas. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME C. O. Starkey 13b. MOTHER'S MAIDEN NAME Ida Dressler 14. NAME OF HUSBAND OR WIFE Ollie Bond Starkey

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. 17. INFORMANT Address Mrs. Ollie Bond Starkey-1002 West Brdy.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease & anasarca. DUE TO (b) DUE TO (c) INTERVAL BETWEEN ONSET AND DEATH 6 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Severe generalized Erythrodermatitis PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 8-2-60 to 12-22-60 and last saw him alive on 12-21-60 Death occurred at 2:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) T.S. Hopkins, M.D. 22b. ADDRESS 1609 S. Limk Sedalia, Mo. 22c. DATE SIGNED 12-22-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Dec. 24, 1960 23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery 23d. LOCATION (City, town, or county) (State) Sedalia, Missouri

24. FUNERAL DIRECTOR D.W. Heckart Address Sedalia, Missouri 25. DATE RECD. BY LOCAL REG. 12-24-1960 26. REGISTRAR'S SIGNATURE Frances Shelby

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 29 1960

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 Richard J. Conn

Licensed Embalmer No. 4703

P. O. Address Sedalia, Mo

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.