

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014686
STATE FILE NUMBER

AMENDED

Registration District No. 274
FILED APR 17 1961

Primary Registration District No. 3052 Registrar's No. 119

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Length of stay in lb 10 yrs.	c. CITY OR TOWN Sedalia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Nursing Home		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 1611 East Broadway Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOSEPH Middle I. Last STARGELL		4. DATE OF DEATH Month April Day 9 Year 1961	
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 4/7/93
9. AGE (last birthday) 68		IF UNDER 1 YEAR Months 68 Days	IF UNDER 24 HR Hours 68 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction worker		10b. KIND OF BUSINESS OR INDUSTRY Road building	11. BIRTHPLACE (City and state or country) Fortuna, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Robert Stargell	
13b. MOTHER'S MAIDEN NAME Amanda Cox		14. NAME OF HUSBAND OR WIFE Sophia C. Stodgett Stargell	
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. *****	
17. INFORMANT Mrs. Sophia Stargell, Sedalia, 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) CORONARY EMBOLUS		INTERVAL BETWEEN ONSET AND DEATH 15 MIN.	
DUE TO (b) CEREBRAL VASCULAR ACCIDENT.		5 MOS.	
DUE TO (c) ARTERIOSCLEROSIS		4 YEARS	
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 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 4:20 PM Month, Day, Year 11-26-60		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 Sedalia, Mo COUNTY Pettis STATE Missouri	
21. I attended the deceased from 11-26-60 to 4-9-61 and last saw her/him alive on 4-9-61 Death occurred at 4:20 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. M. ... DO.		22b. ADDRESS Sedalia, Mo	
22c. DATE SIGNED 4/11/61		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 4/11/61		23c. NAME OF CEMETERY OR CREMATORY Syracuse Cemetery	
23d. LOCATION (City, town, or county) Syracuse, Missouri		(State)	
24. GENERAL DIRECTOR Adriane ... ADDRESS Sedalia, Mo.		25. DATE RECD. BY LOCAL REG. April 11, 1961	
26. REGISTRAR'S SIGNATURE Frances Shelby			

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed A. E. Baker

Licensed Embalmer No. 2419

P. O. Address Seclavia 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.