

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3487-61-025502
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

AMENDED

FILED JUL 28 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY JACKSON			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 KANSAS CITY, MISSOURI		Length of stay in 1b 6 years 13 days	c. CITY OR TOWN KANSAS CITY, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL, KANSAS CITY, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS LORRAINE HOTEL 1014 BROADWAY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First JAY Middle J. Last STARLING			4. DATE OF DEATH Month JULY 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 7/13/98	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED Bellhop		10b. KIND OF BUSINESS OR INDUSTRY RETIRED Hotel	11. BIRTHPLACE (City and state or country) CIRCLEVILLE, KS.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME NICODEMUS STARLING		13b. MOTHER'S MAIDEN NAME BERTHA COLLINS		14. NAME OF HUSBAND OR WIFE MYRTLE STARLING			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 3/29/17 to 5/14/19			17. INFORMANT Myrtle Starling, 1014 Broadway VA HOSPITAL RECORDS, K.C. Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) Carcinoma of head of pancreas with liver metastases and obstructive jaundice							
Conditions, if any, which gave rise to above cause (e), 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 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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		20f. COUNTY	20f. STATE
21. VA attended the deceased from 6/28/61 to 7/9/61 and last saw him ^{her} alive on 7/9/61 Death occurred at 2:40 AM 7/9/61 m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE T. J. Fritzlen MD			(Degree or title)		22b. ADDRESS VA HOSPITAL, K.C., MO.		22c. DATE SIGNED 7-9-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/12/1961	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) Kansas City Missouri		(State)
24. FUNERAL DIRECTOR D.W. Newcomer's Sons Kansas City, Mo.			ADDRESS 1331 Brush Creek Blvd.	25. DATE RECD. BY LOCAL REG. 7-12-61	26. REGISTRAR'S SIGNATURE Ruth Long		

VS JUL 28 1961

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 Harold D. Reier

Licensed Embalmer No. 4998

P. O. Address Kansas City

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.