

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-049131

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3512

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis County | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Franklin | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton, Missouri | | c. CITY OR TOWN St. Clair, Mo. | |
| Length of stay in lb DOA | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hospital | | d. STREET ADDRESS (If outside, give location) Route 1, St. Clair, Mo. | |
| 3. NAME OF DECEASED (Type or print) First RAYMOND Middle LLOYD Last STARKS | | 4. DATE OF DEATH Month Dec. Day 2 Year 1962 | |
| 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 1-17-19 |
| 9. AGE (last birthday) 43 | | 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) Truck Driver | | 10b. KIND OF BUSINESS OR INDUSTRY General | |
| 11. BIRTHPLACE (City and state or country) Poplar Bluff, Mo. | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Willie Starks | | 13b. MOTHER'S MAIDEN NAME Violet Young | |
| 14. NAME OF HUSBAND OR WIFE Fern Blackwell | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes | |
| 16. SOCIAL SECURITY NO. - | | 17. INFORMANT Address Brother, Floyd D. Starks | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crush injury of chest with bilateral hemothorax Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 checked="" 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.) Traffic Accident (Lost control of vehicle) | |
| 20c. TIME OF INJURY Hour 3 am Month, Day, Year 12-2-62 | | 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.) Hy 88-W of Mt | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis County, Missouri | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at DOA at 3:56 AM _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Raymond E. Howard Coroner | | 22b. ADDRESS Clayton, Missouri | |
| 22c. DATE SIGNED 12/6/62 | | 23a. BURIAL, CREMATION, OR REMOVAL (Specify) REMOVAL | |
| 23b. DATE 12-4-62 | | 23c. NAME OF CEMETERY OR CREMATORY Greenmound Cemetery | |
| 23d. LOCATION (City, town, or county) (State) St. Clair, Missouri | | 24. FUNERAL DIRECTOR ADDRESS Sherwood W. Kitchell, St. Clair, Mo. | |
| 25. DATE RECD. BY LOCAL REG. 12-2-62 | | 26. REGISTRAR'S SIGNATURE John B. Murphy M.D. | |

USE BLACK INK OR TYPEWRITER RIBBON

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 Sherwood W. Mitchell

Licensed Embalmer No. 3873

P. O. Address St Clair 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.