

No. 11-5-17-35 I X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1990

State File No.

Registration District No. 409

Primary Registration District No. 4363

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Neosho
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sales Bowman
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
Specify whether
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Newton
(c) City or town Neosho
(If outside city or town limits write "RURAL")
(d) Street No. 328 Ripley St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Glen E. Stark 362
3. (b) If veteran, name war _____
3. (c) Social Security No. 500-01-485

20. DATE OF DEATH: Month May day 14
year 1940 hour 1230 minute _____ P.M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mildred Stark
6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased: 8/20 1912
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 12, 1940 May 14, 1940; that I last saw him alive on May 14, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death
Agranulocytosis
Acute heart failure
Due to Right lobar pneumonia
Hemorrhage from right lung
Due to _____

8. AGE: Years 27 Months 5 Days 24 If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Pioneer Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Clerk in store

11. Industry or business _____

12. Name Alva Stark

13. Birthplace Mo. (City, town, or county) (State or foreign country)

14. Maiden name Kara Stone

15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mildred Stark

(b) Address Neosho Mo. 328 Ripley St.

17. (a) Burial (b) Date thereof May 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dice Cemetery

18. (a) Signature of funeral director G. E. Cullen

(b) Address Cassville Mo.

19. (a) May 18, 1940 (b) Orval S. Sal. m. d.
(Date received local registrar) (Registrar's signature)

Major findings: Of operations None
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 543
(Specify type of place) While at work? _____ (b) Means of injury _____

23. Signature Orval S. Sal. (M. D. or other) 1
Address Neosho, Mo. Date signed 5-18

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 640-1423

Date Filed JUN 12 1940

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.....

Gordon Bennett....., Registered Apprentice No. 250
working under my personal supervision.

Signed G. E. Pugh.....

Licensed Embalmer No. 3584

P. O. Address Cassville, 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 this body is not embalmed, above space should be left blank.