

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42954
Registrar's No. 54

Registration District No. 427

Primary Registration District No. 4253

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Holden Madison
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 70 years (Specify whether _____)
years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Charles Emmett Starkey

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19
year 1940 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from December 19th, 1940 to December 19th, 1940;
that I last saw him alive on December 17, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Massive cerebral Heorrhage causing immediate death
Duration 0

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sallie Starkey 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Dec 30 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 11 18 ✓ hr. ✓ min.

9. Birthplace Holden Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Harness & Hardware

12. Name Ingram Starkey

18. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Onie
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Paul Starkey

(b) Address Holden Mo

17. (a) Burial (b) Date thereof Dec 21 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden Cemetery

18. (a) Signature of funeral director M. J. Redford

(b) Address Holden Mo

19. (a) Dec 21, 1940 (b) Mrs. S. P. Redford
(Date received local registrar) (Registrar's signature)

Due to Arterio sclerosis of cerebral vessels 5 years

Due to chronic endarteritis of cerebral vessels cause unknown

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations g & d

Of autopsy no

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

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? 388
(Specify type of place) (e) Means of injury _____

23. Signature H. Thompson (M. D. or other) _____
Address Holden Mo Date signed 12-21-40

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-13-41

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.