

DEC 18 1941

State File No. _____

Registration District No. 561

Primary Registration District No. 5-755A

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Olean (Rural) Franklin
(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 _____
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3
year 1941 hour 11 minute P. M.
21. I hereby certify that I attended the deceased from Aug 1 1941
1941 to Dec 3 1941
that I last saw him alive on Dec 3 1941
and that death occurred on the date and hour stated above.

8. (a) PRINT FULL NAME Edward Forrest Starling
3. (b) If veteran, name war no 8. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Chloe Starling 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased August 24 1882
(Month) (Day) (Year)

Immediate cause of death Coronary heart disease
Due to arteriosclerosis
Due to _____
Other conditions Hypertension, Bronchial asthma
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
59 3 9 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Statling
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Louise Eloie
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Starling
(b) Address St. Louis, Missouri

17. (a) Burial (b) Date thereof 12-6-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Eldon Cemetery

18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Eldon, Missouri

19. (a) 12-6-1941 (b) Belle Haynes
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
Of autopsy _____

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

23. Signature E. E. Sutton (M. D. or other) _____
Address Eldon Mo. Date signed Dec 5

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

490

DEC 17 1941

FEB 2 1957

DEC 10 1953

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.....

..... Louis D. Phillips, Registered Apprentice No.....
working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.