

No. 2
-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6686**

FILED MAR 8 1946
Registration District No. **277**

Primary Registration District No. **3052**

Registrar's No. **59**

1. PLACE OF DEATH:

(a) County **PETTIS**
(b) City or town **SEDALIA**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **2101 So WASHINGTON**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1** (Specify whether
In this community **21 yrs** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **PETTIS**
(c) City or town **SEDALIA**
(If outside city or town limits, write "RURAL")
(d) Street No. **2101 So WASHINGTON**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **✓**

3. (a) PRINT FULL NAME **PHOEBE ELLEN STARKE**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WID.**

6. (b) Name of husband or wife **S.B. STARKE** 6. (c) Age of husband or wife if alive **18** years

7. Birth date of deceased **APR. 29 1855**
(Month) (Day) (Year)

8. AGE: Years **90** Months **9** Days **27** If less than one day hr. _____ min. _____

9. Birthplace **MORRISTOWN IND. 1**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name **WILLIAM SPILLERS**

13. Birthplace **DK 9**
(City, town, or county) (State or foreign country)

14. Maiden name **MARY HARRIS**

15. Birthplace **DK 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **J.W. STARKE**
(b) Address **SEDALIA**

17. (a) **BURIAL** (b) Date thereof **2-28-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ANTIACH-COOPER C.**

18. (a) Signature of funeral director **Geo. Williams**
(b) Address **Sedalia**

19. (a) **2-28-46** (b) **Betty Yeager**
(Date received local registrar) (Registrar's signature)

251 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEB.** day **26**
year **1946** hour **6** minute **25** P.M.

21. I hereby certify that I attended the deceased from **Feb 26 1946** to **Feb 26 1946**

that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**

Due to **arteriosclerosis**

Due to _____

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

Major findings: Of operations **940**

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? _____
While at work? _____ (Specify type of place) (e) Means of injury **C**

23. Signature **Walter E. Moore** (M.D. or other M.D.)
Address **111 W. 4th Sedalia Mo.** Date signed **2-27-46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

5643

30
6
4

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 3-9-46

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 Geo Dillard
Licensed Embalmer No. 3868
P. O. Address Sedalia

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, fact should be so stated above.