

44131

State File No. 113

Registrar's No. 113

FILED JAN 17 1948

Registration District No. 11

Primary Registration District No. 4024

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

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Cassville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Barry County
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Cassville
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Linda Kay Starkey

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

4. Sex Female race White 5. Color or race _____ 6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 28 1947
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3 year 1947 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from Nov. 28 1947, to Dec. 3 1947, that I last saw her alive on Dec. 3 1947, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
			<u>5</u>	hr. _____ min. _____

Immediate cause of death Marasmus Duration 2 da.

Due to Pneumonia (aspiration type) 3 da.

Due to _____

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

10. Usual occupation _____

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

Major findings: 101

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Edward G. Starkey

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

14. Maiden name Lorene Parity

15. Birthplace Hureka Springs Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Edward G. Starkey

(b) Address Cassville, Missouri

17. (a) Burial (b) Date thereof Dec. 4 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Culver's Funeral Ho

(b) Address Cassville, Missouri

19. (a) Jan 3-1948 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

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? _____

23. While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Mary Matthews (M. D. or other M.D.)
Address Cassville, Mo. Date signed 12-9-47

RECEIVED
District Health Officer No. 6
District File Number 148-61
Date Filed JAN 14 1948

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.....

Paul D. Herbert....., Registered Apprentice No. *54*
working under my personal supervision.

Signed *Margaret Culver*.....

Licensed Embalmer No. *4389*.....

P. O. Address *Cassville*.....

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.