

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31875

Registration District No. _____ Primary Registration District No. 3000 Registrar's No. 304

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

1. PLACE OF DEATH:
(a) County ADAIR
(b) City or town LANCASTER
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
COMMUNITY NURSING HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 42 DAYS 4
(Specify whether years, months or days)

3. (a) PRINT FULL NAME FAY STARRATT
3. (b) If veteran, name was NO
3. (c) Social Security No. NO

4. Sex M Color or race W
5. Color or race W
6. (a) Single, widowed, married, divorced SINGLE
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: OCT 3 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 0 16 hr. min.

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

10. Usual occupation RETIRED
11. Industry or business LIVERY STABLE WORKER

12. Name Wm STARRATT
13. Birthplace MADISON Co, OHIO
(City, town, or county) (State or foreign country)
14. Maiden name ANGELINE WARNER
15. Birthplace OHIO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hubert Burkland
(b) Address Lancaster, Mo.

17. (a) REMOVAL (b) Date thereof 10-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation LANCASTER, MO

18. (a) Signature of funeral director C. R. Head
(b) Address Lancaster, Mo.

19. (a) 10-20-48 (b) Lancaster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County SCHUYLER
(c) City or town LANCASTER
(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 _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 20
year 1948 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from Sept 6
1948 to Oct 20 1948;
that I last saw him alive on Oct 19 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory collapse Duration 1 hr.
Due to Cardiosclerosis years
Due to Generalized arteriosclerosis years
Other conditions prostatitis
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy 157W
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?
While at work? _____ (Specify type of place) (e) Means of injury 2
23. Signature M. T. Hutenshain (M.D. or other) DO
Address Walesville, Mo Date signed 10-20-48

RECEIVED
District Health Officer No. 10
District No. 10-48-1818
Date Filed OCT 25 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Everett R. Head
Licensed Embalmer No. 4038
P. O. Address Lancaster, 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, fact should be so stated above.