

FILED JUN 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19247

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 519

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Scampbell</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Scampbell Twp.</u>	
c. LENGTH OF STAY (in this place) <u>35 years</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. 7 Springfield, Mo.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>R.F.D. 7 Springfield, Mo.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>DORA</u>	b. (Middle) <u>LEE</u>	c. (Last) <u>STARK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 11, 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 26, 1915</u>	9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Springfield, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles Carson</u>	13b. MOTHER'S MAIDEN NAME <u>Clara Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Albert G. Stark</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>?</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert G. Stark, Springfield, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 year.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Breast Metastasis to Brain</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>?</u> DUE TO (c) <u>?</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>?</u>		170X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Operated at State Hospital at Columbia</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-6, 1949, to 6-11, 1949 that I last saw the deceased alive on 6-11, 1949, and that death occurred at 10 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. E. Feller</u>	23b. ADDRESS <u>M D O 609 Cherry Springfield</u>	23c. DATE SIGNED <u>6-16-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 15 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cheasapeake</u>	24d. LOCATION (City, town, or county) (State) <u>Lawrence County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-17-49</u>	REGISTRAR'S SIGNATURE <u>W.E. Handley</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>1115 Fred C. Thime, Springfield, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Ralph A. Thieme

Signed _____

Student Embalmer

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri

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.