

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44015

State File No. \_\_\_\_\_

DELAYED

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <b>HOWELL</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ARK</b> b. COUNTY <b>Sharp</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>West Plains MO</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>8030</b>	
c. LENGTH OF STAY (In this place) <b>10 days</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Stoll Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Fern</b> b. (Middle) <b>Bell</b> c. (Last) <b>Stark</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 20 1949</b>		
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	
8. DATE OF BIRTH <b>June 19, 1930</b>			9. AGE (In years last birthday) <b>18</b>		IF UNDER 1 YEAR Months <b>10</b> Days <b>1</b> IF UNDER 4 HRS. Hours <b>1</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School Teacher</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Sharp Co Ark</b>
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <b>Tommy Stark</b>		13b. MOTHER'S MAIDEN NAME <b>Ezie Hogar</b>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Tommy Stark Hardy Ark</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Rheumatic Heart Disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 mo</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>-</b> DUE TO (c) <b>-</b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>-</b>			<b>4/6X</b>

19a. DATE OF OPERATION <b>0</b>		19b. MAJOR FINDINGS OF OPERATION		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 4-2 1950, to 4-18, 1950, that I last saw the deceased alive on 4-18, 1950, and that death occurred at 6:30 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J B Stoll M.D.</b>		23b. ADDRESS <b>West Plains Mo</b>		23c. DATE SIGNED <b>4/20/50</b>	
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-21-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Baker</b>	
				24d. LOCATION (City, town, or county) (State) <b>Hardy Ark</b>	

DATE REC'D BY LOCAL REG. <b>4-24-50</b>		REGISTRAR'S SIGNATURE <b>Beatrice Cook</b>		379 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Higginbotham Hardy Ark</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

14610  
= 20  
12  
1949

MAY 1 1950

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, Ed Auman

working under my personal supervision.

Student Embalmer No. ....

Signed

Ed Auman

Signed.....  
Student Embalmer

Licensed Embalmer No. 825

P. O. Address Hardy Ave

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.