

FILED MAY 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16491

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 460

1. PLACE OF DEATH a. COUNTY GREEN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CHRISTIAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OZARK	
c. LENGTH OF STAY (In this place) 1 DAY		d. STREET ADDRESS (If rural, give location) Route 1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION OSZARK OSTEOPATHIC HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) ELMER b. (Middle) RAY c. (Last) STARNES			4. DATE OF DEATH (Month) (Day) (Year) 5 13 50			
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) (1)	8. DATE OF BIRTH 1-28-1946	9. AGE (In years last birthday) 4	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ✓		10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (State or foreign country) 0 Marionville, mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME LeRoy STARNES	13b. MOTHER'S MAIDEN NAME Lucy Logan	14. NAME OF HUSBAND OR WIFE ✓
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓	16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Marie Garner - Ozark, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 05/15
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sepsis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pertussis bronchopneumonia DUE TO (c) Acute pertussis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-12**, 19**50**, to **5-13**, 19**50**, that I last saw the deceased alive on **5-13**, 19**50**, and that death occurred at **2:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard E. Wooten, M.D.	23b. ADDRESS Springfield - Mo	23c. DATE SIGNED 5/13/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-15-50	24c. NAME OF CEMETERY OR CRYPTORY Selmon Cemetery
24d. LOCATION (City, town, or county) (State) Christian County Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T. B. Chaffin Ozark, Mo
DATE REC'D BY LOCAL REG. 5-15-50	REGISTRAR'S SIGNATURE W. E. Handley, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

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

396076

SEP 20 1952

AUG 1952

1952

1952

1952

1952

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.

Student
Student Embalmer

Signed T. B. Chaffin.....

Licensed Embalmer No. 2152.....

P. O. Address Clark T. 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.