

S. No. 300
10-48

FILED JUL 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25681

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1776

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (in this place) 8 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE ILLINOIS b. COUNTY ADAMS
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN QUINCY. 8120
d. STREET ADDRESS (If rural, give location) ILLINOIS SOLDIERS & SAILORS HOME

3. NAME OF DECEASED (Type or Print)
a. (First) BLADEN b. (Middle) STARK c. (Last) STARK
4. DATE OF DEATH (Month) (Day) (Year) 7/22/50

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED
8. DATE OF BIRTH 6/10/97 9. AGE (in years last birthday) 53

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) EMPORIA, KANSAS
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOSEPH P. STARK 13b. MOTHER'S MAIDEN NAME MILLIE SHARON 14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA RIGHT LUNG WITH METASTASES
INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
162X

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 162X
20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE 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) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/15/1950, to 7/22/1950, and that death occurred at 3:17A m., from the causes and on the date stated above.

23a. SIGNATURE Duane R. Taylor (Degree or title) M.D. 23b. ADDRESS VA HOSPITAL, JEFF. BRKS., MO. 23c. DATE SIGNED 7/22/50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE
24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY 24d. LOCATION (City, town, or county) (State) JEFF. BKS. MO

DATE REC'D BY LOCAL REG. 7-24-50 REGISTRAR'S SIGNATURE Herbert B. Donke, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. HIFFMEISTER & CO. 7814 S BROADWAY

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Linus E. Hoffmeister

Signed.....

Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7864 S Broadway

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.