

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30787

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - WASHINGTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - WASHINGTON 0460	
c. LENGTH OF STAY (In this place) 18 MO.		d. STREET ADDRESS (If rural, give location) 138 th + BELMONT	
d. FULL NAME OF HOSPITAL OR INSTITUTION 138 th + BELMONT			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) HENRY c. (Last) STARTZELL			4. DATE OF DEATH (Month) (Day) (Year) Sept. 19, 1950			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT 3, 1862	9. AGE (In years last birthday) 87	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) Ret. Street Commissioner		10b. KIND OF BUSINESS OR INDUSTRY FALL CITY, NEBR.		11. BIRTHPLACE (State or foreign country) PENN.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE Briggett A. STARTZELL
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRR. CHAS. B. STARTZELL	ADDRESS GRANDVIEW, MO.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, bilateral		INTERVAL BETWEEN ONSET AND DEATH 490 X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Wemic Poisoning		
	DUE TO (c)		
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 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)
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 August 22, 1950, to Sept 19, 1950, that I last saw the deceased alive on Sept 18, 1950, and that death occurred at 7:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE J. D. Hooper, M.D. (Degree or title)	23b. ADDRESS Grandview, MO	23c. DATE SIGNED Sept 19, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9/19/50	24c. NAME OF CEMETERY OR CREMATORY FALL CITY	24d. LOCATION (City, town, or county) (State) FALL CITY, NEBR.
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DATE REC'D BY LOCAL REG. 9/19/50	REGISTRAR'S SIGNATURE Annie E. Hodges 136	25. FUNERAL DIRECTOR'S SIGNATURE E. K. Beamer	ADDRESS S. W. Grandview, Mo.
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(Licensed Embalmers' Statement on Reverse Side)

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

No. 300
10-48

5460

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 A. K. Group
.....

Licensed Embalmer No. 3645

P. O. Address Grandview 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.