

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

38007

BIRTH NO.		REG. DIST. NO. <u>278</u>		PRIMARY REG. DIST. NO. <u>3054</u>		Registrar's No. <u>126</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Pike</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Louisiana</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Pike</u>	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL, and give township) <u>Clarksville</u>		0829			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike Co. Hosp</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Lulu</u>		b. (Middle) <u>G.</u>	c. (Last) <u>STARX</u>		Month <u>11</u>	Day <u>11</u>	Year <u>50</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>June 27, 1868</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 1 YEAR Days <u>21</u>	IF UNDER 4 HRS. Hours <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Wash. Gov't D</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Turner</u>		13b. MOTHER'S MAIDEN NAME <u>Lulu Dawson</u>		14. NAME OF HUSBAND OR WIFE <u>W.H. Starx</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Pike Co. Hospital</u>		ADDRESS	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)				1. DISEASE OR CONDITION 'DIRECTLY LEADING TO DEATH' (a) <u>cerebral-vascular accident</u>			<u>5 days</u>
*This does not mean the mode of dying, such as heart failure, asthma, 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) <u>arteriosclerotic hypertension</u>			
				DUE TO (c) <u>senility</u>			
				11. OTHER SIGNIFICANT CONDITIONS			<u>331X</u>
				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"/>	
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) <u>Clarksville Pike Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>11-3</u> , 19 <u>50</u> , to <u>11-11</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-10</u> , 19 <u>50</u> , and that death occurred at <u>10 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John H. Hooker, M.D.</u>				23b. ADDRESS <u>Clarksville, Mo.</u>		23c. DATE SIGNED <u>11-11-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov 18/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		24d. LOCATION (City, town, or county) (State) <u>Clarksville</u>		
DATE REC'D BY LOCAL REG <u>Nov 11, 1950</u>		REGISTRAR'S SIGNATURE <u>Berniece Calliere</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry K. Carroll</u>		ADDRESS <u>Clarksville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: NOV 18 1950
DISTRICT HEALTH OFFICE #2
District File Number 11-50-193
Date Filed: NOV 22 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, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.