

No. 300  
10. 48

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

3

FILED JUL 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21791  
Registrar's No. 6/17

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 6/17	
1. PLACE OF DEATH a. COUNTY <b>Scott</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Diehlstadt (rural) 6/17</b>		c. LENGTH OF STAY (In this place) <b>30 min.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Charleston</b>		0692
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6 miles north</b>			d. STREET ADDRESS (If rural, give location) <b>General Delivery</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Howard</b>		b. (Middle) _____	c. (Last) <b>Starks</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 1, 1951</b>	
5. SEX <b>Male 2</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Sept. 3, 1926</b>	9. AGE (In years last birthday) <b>24</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>28</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Porter</b>		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) <b>Hayti, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Ples Starks</b>	13b. MOTHER'S MAIDEN NAME <b>Lillie Harris</b>	14. NAME OF HUSBAND OR WIFE -----	
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>491-26-4045</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lillie Starks, R. 1, Morley, Missouri</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crushed left Side of Chest, Internal Hemorrhage</b>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) _____				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 <b>100</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 55</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Rural 6/17 Scott Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>July 1, 1951 A 10:00</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Car Accident</b> RON			
22. I hereby certify that I attended the deceased from <b>First Call</b> after death and I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Blonde Joe Cowan</b>			23b. ADDRESS <b>Starkston 710</b>		23c. DATE SIGNED <b>7/3/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 4, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Charleston, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>7-5-51</b>	REGISTRAR'S SIGNATURE <b>Mrs. Olla Hunter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>F. L. Sparks</b>	ADDRESS <b>Charleston, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 9 1951

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 751-138

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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.....  
Student Embalmer

Signed

*Frank Sparks*

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau, 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.