S. No. 300
V. 10.48

FILED FEB 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2304

State File No.

BIRTH NO. REG. DIST. NO. 228 PRIMARY REG. DIST. NO. 3054 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Louisiana
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pike County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Pike
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RFD # 2 Buffalo Twnshp.
d. STREET ADDRESS (If rural, give location): Louisiana, Mo.

0820

3. NAME OF DECEASED (Type or Print)
a. (First): Omer
b. (Middle): -----
c. (Last): Starr

4. DATE OF DEATH (Month) (Day) (Year): Jan. 20, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 26, 1888
9. AGE (In years last birthday): 63 — If under 1 year: Months 9 Days 24 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farmm
11. BIRTHPLACE (State or foreign country): Pike County, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: William Starr
13b. MOTHER'S MAIDEN NAME: Martha Slaughter
14. NAME OF HUSBAND OR WIFE: Jessie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ---------
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Dorothy Cashman, R#2, Louisiana, Mo.
ADDRESS:

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Dilitation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) UREMIA

DUE TO (c) Hypertensive Cardio-vasular Renal Disease.

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: 442X
20. AUTOPSY? YES ☐ NO ☒

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) m.:
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* 1949, 19___, *to* 1-20, 1952 *that I last saw the deceased alive on* 1-20, 1952 *and that death occurred at* 8:35A *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. Coleman Jr MD (Degree or title)
23b. ADDRESS: Louisiana, Mo.
23c. DATE SIGNED: 1-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/22/52
24c. NAME OF CEMETERY OR CREMATORY: Hydesburg Cemetery
24d. LOCATION (City, town, or county) (State): Marion County, Mo.

DATE REC'D BY LOCAL REG.: Jan 22, 1952
REGISTRAR'S SIGNATURE: Bernice Callero
25. FUNERAL DIRECTOR'S SIGNATURE: George O. Wagner
ADDRESS: Louisiana, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Yatsuhashi

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 George O. Wagner

Licensed Embalmer No. 3773

Signed .....
Student Embalmer

P. O. Address Louisiana, 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.