

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

FILED FEB 19 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3056 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Rand.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>	
c. LENGTH OF STAY (in this place) <b>30 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>1018 Sturgeon Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1018 Sturgeon Street</b>		e. STREET ADDRESS (If rural, give location) <b>1018 Sturgeon Street</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Harvey</b>	b. (Middle) <b>Otis</b>	c. (Last) <b>Starr</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2/10/52</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>8/11/1877</b>	9. AGE (in years last birthday) <b>74</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>miner</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Boone Co., Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Geo. Reynolds Starr</b>	13b. MOTHER'S MAIDEN NAME <b>Louisa Neal</b>	14. NAME OF HUSBAND OR WIFE <b>Susie Starr Moberly</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Susie Starr</b>	ADDRESS <b>Moberly, Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>14 mo.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic - Ventricular block</b>		
	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>4330</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from Dec 1950, to Feb 10, 1952, that I last saw the deceased alive on 2-10-52, 1952, and that death occurred at 8:25 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. H. McCormick D. O.</b>	23b. ADDRESS <b>300 1/2 Reed St. Moberly Mo.</b>	23c. DATE SIGNED <b>2-11-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2/12/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Huntsville</b>	24d. LOCATION (City, town, or county) (State) <b>Huntsville, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>2-12-52</b>	REGISTRAR'S SIGNATURE <b>Lead [Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Marion C. [Signature]</b>	ADDRESS <b>Moberly, Mo.</b>
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Marion E. Milligan

Licensed Embalmer No. 3957

P. O. Address Moberly, Missouri

**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.