

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12496**

FILED MAY 14 1952

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 8014 Registrar's No. 57

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| 1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u> | |
| b. CITY OR TOWN <u>Kennett</u> | | c. CITY OR TOWN <u>Malden</u> 1351 | |
| c. LENGTH OF STAY (in this place) <u>6 Days</u> | | d. STREET ADDRESS (If rural, give location) <u>205 N Decatur</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin County Memorial HSP</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Jessie</u> b. (Middle) <u>B</u> c. (Last) <u>Starnes</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 20 1952</u> | | |
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| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>August-24-1880</u> | 9. AGE (In years last birthday) <u>71-5-26</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 28 HRS. Hours _____ Mins. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Keeping</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home work</u> | 11. BIRTHPLACE (State or foreign country) <u>Muscataine Iowa</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>John Blanch</u> | 13b. MOTHER'S MAIDEN NAME <u>Amanda Gates</u> | 14. NAME OF HUSBAND OR WIFE <u>Howard S Starnes</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Conelia Snider</u> ADDRESS <u>Malden Mo</u> |
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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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-Vascular accident</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 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) <u>331X</u> |
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| 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? _____ |
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22. I hereby certify that I attended the deceased from April 14 1952 to April 20 1952, that I last saw the deceased alive on April 20 1952, and that death occurred at 1 A m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Chester R. Peck</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Kennett, Mo</u> | 23c. DATE SIGNED <u>April 24</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>April 21 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Park Memorial</u> | 24d. LOCATION (City, town, or county) (State) <u>Malden Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>4-28-52</u> | REGISTRAR'S SIGNATURE <u>Carl Hubbard</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas C. Wright</u> ADDRESS <u>Malden Mo</u> |
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No. 300
10-48

3357
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 4-29-52

COUNTY FILE NUMBER 452-108

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 Thomas C Knight

Licensed Embalmer No. 2189

P. O. Address Malden 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.