

STANDARD CERTIFICATE OF DEATH

State File No. **28603**

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

6.3000
0.48

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 126

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>	c. LENGTH OF STAY (In this place) <u>7 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Osage T. S.</u> <u>1530</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Dry Knob, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u>	b. (Middle) _____	c. (Last) <u>Starnes</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August, 17, 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>April, 9, 1879</u>	9. AGE (In years from birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 22 YRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Laclede Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Perry Starnes</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Laura McMullig Starnes</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONC</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ace Starnes, 2825 West 22St.</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-Vascular Accident</u> </td> <td style="width: 50%; vertical-align: top;"> MEDICAL CERTIFICATION <u>Granite 0111</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 da</u> </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremic Coma</u> </td> </tr> </table>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-Vascular Accident</u>	MEDICAL CERTIFICATION <u>Granite 0111</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 da</u>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremic Coma</u>	
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	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)
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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 17 Aug 1952 to 17 Aug 1952 that I last saw the deceased alive on 17 Aug 1952 and that death occurred at 10:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Donald Starnes, Jr.</u>	23b. ADDRESS <u>Lebanon, Missouri</u>	23c. DATE SIGNED <u>8/19/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/21/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Oakland Mo. Mo.</u>
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DATE RECD BY LOCAL REG. <u>8-23-1952</u>	REGISTRAR'S SIGNATURE <u>Hella L. Gray</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Palmer</u>	ADDRESS <u>Lebanon Mo.</u>
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Received SEP 2 1952

Laclede County Health Unit

File No. _____

Date Filed SEP 2 1952

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 S. P. Palmer

Signed.....
Student Embalmer

Licensed Embalmer No. 2208

P. O. Address Libanon 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.