

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5. No. 300  
ev. 10.48  
LED FEB 10 1953

State File No. \_\_\_\_\_  
Registrar's No. 6

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5782

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY OR TOWN <u>New Wells mo</u>		c. CITY OR TOWN <u>New Wells mo, 0160</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>New Wells mo.</u>		d. STREET ADDRESS (If rural, give location) <u>New Wells mo 0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Startzinger</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 3 1953</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	8. DATE OF BIRTH <u>Oct 5 1861</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Days <u>3</u> Hours <u>28</u>
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 _____		11. BIRTHPLACE (City and State or Foreign Country) <u>New Wells mo U</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Gotlieb Startzinger</u>	13b. MOTHER'S MAIDEN NAME <u>Theresa Brandt</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Vogel</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>Mrs Charles Startzinger</u>	ADDRESS <u>New Wells</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, Terminal</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>3 days</u> <u>14 years</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uremia</u> DUE TO (c) <u>Arteriosclerosis, General</u>		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4500</u>		

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) _____
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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 Jan 31st, 1953, to February 3, 1953, that I last saw the deceased alive on February 2, 1953, and that death occurred at 6:15 AM m., from the causes and on the date stated above.

23a. SIGNATURE <u>Theodore Gunder M.D.</u>	23b. ADDRESS <u>Altavergny Mo</u>	23c. DATE SIGNED <u>2-4-53</u>
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24a. BURIAL, CREMATION, REMOVAL <u>Burial</u>	24b. DATE <u>Feb 5 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Wells Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>New Wells Mo</u>
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DATE REC'D BY LOCAL REG. <u>Feb 6 53</u>	REGISTRAR'S SIGNATURE <u>D. G. Schubert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McComb &amp; Co</u>	ADDRESS <u>Jackson mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5160  
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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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed B. A. Meyer

Licensed Embalmer No. 3051

P. O. Address Jackson 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.