

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13137**

FILED MAY 6 1953

BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **155**

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Sullivan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville		c. LENGTH OF STAY (In this place) 16 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Green City 1050		d. STREET ADDRESS (If rural, give location) No street address
d. FULL NAME OF HOSPITAL OR INSTITUTION Stickler Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) Verna b. (Middle) Icle c. (Last) Stark			4. DATE OF DEATH (Month) (Day) (Year) April 26, 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 5, 1907	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months --- Days ---
IF UNDER 18 HRS. Hours --- Min. ---	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Food packer		10b. KIND OF BUSINESS OR INDUSTRY Biscuit Mfg. Co.	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George Washington Tharp		13b. MOTHER'S MAIDEN NAME Missouri Walker		14. NAME OF HUSBAND OR WIFE Walter A. Stark	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 886-12-6855	17. INFORMANT'S SIGNATURE OR NAME ADDRESS George W. Tharp, Green City, Mo.			
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, ashenia, etc.: It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Left Breast ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastasis of Lung DUE TO (c) Metastasis of Bowel				INTERVAL BETWEEN ONSET AND DEATH 1 year 6 Mos. 2 2 Mos.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 170X				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-13 , 19 53 , to 4-26 , 19 53 , that I last saw the deceased alive on 4-26 , 19 53 , and that death occurred at 4:45 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE R. O. Stickler MD		(Degree or title)	23b. ADDRESS Kirkville MO		23c. DATE SIGNED 4-26-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 29, 1953	24c. NAME OF CEMETERY OR CREMATORY Green City Cemetery	24d. LOCATION (City, town, or county) (State) Green City, Mo.		
DATE REC'D BY LOCAL REG. 4-26-53	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glen E. Kent & Son, Green City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 15 1959

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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.