

FILED AUG 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29623**

BIRTH NO. 54204 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 91

0850
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH. a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) Fort Leonard Wood		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) Waynesville
d. FULL NAME OF HOSPITAL OR INSTITUTION US Army Hospital		d. STREET ADDRESS (If rural, give location) Route 2	

3. NAME OF DECEASED a. (First) Edwin b. (Middle) Lee c. (Last) Starks			4. DATE OF DEATH (Month) (Day) (Year) August 10, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 10 August 1953	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) USAH-Ft Leonard Wood, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Marvin E. Starks	13b. MOTHER'S MAIDEN NAME Ruby L. Elrod	14. NAME OF HUSBAND OR WIFE ---
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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 L. A. White Capt MSc Ft Leonard Wood, Mo	ADDRESS US Army Hospital
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia, fetal.		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cause unknown.		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Breech presentation		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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)	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 10 August, 1953, to 10 August, 1953, that I last saw the deceased alive on 10 August, 1953, and that death occurred at 0640 a m., from the causes and on the date stated above.

23a. SIGNATURE <i>Stephen D. Quatten</i>	(Degree or title)	23b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri	23c. DATE SIGNED 10 Aug 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug 11-53	24c. NAME OF CEMETERY OR CREMATORY Symsonia Cemetery	24d. LOCATION (City, town, or county) (State) Graves County Ky
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DATE REC'D BY LOCAL REG. 8-11-53	REGISTRAR'S SIGNATURE <i>Cula Spae Anderson</i>	458	25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter P. Hedgcock</i>	ADDRESS <i>Shirley Inc</i>
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Date Filed 8-15-53
File Number

Pulaski County Health Officer

RECEIVED
8-11-53

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 Clarence Gross

Signed.....
Student Embalmer

Licensed Embalmer No. 8896

P. O. Address Waynesville, 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.