

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **32587**  
Registrar's No. **343**

No. 300  
10-48

FILED OCT 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052**

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

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bothwell Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>200 S. Quincy</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>HERBERT</b> b. (Middle) <b>WALKER</b> c. (Last) <b>STARK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 2, 1953</b>
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 13, 1878</b>
9. AGE (In years last birthday) <b>74</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Engineer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Otterville, Mo.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>M.K.&amp;T. Railroad</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Samuel B. Stark</b>		13b. MOTHER'S MAIDEN NAME <b>Phoebe Spillers</b>	14. NAME OF HUSBAND OR WIFE <b>Lula Blatterman Stark</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>one</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lula Stark, Sedalia, Mo.</b>	
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.			INTERVAL BETWEEN ONSET AND DEATH <b>18 hrs.</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Terminal Pneumonia.</b>			
ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute Suppression of Urine- Uremia.</b>			<b>3 days.</b>
DUE TO (c) <b>Cardio Vascular Disease.</b>			<b>5 yrs.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertrophy of the Prostate.</b>			<b>2 yrs.</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Medical only.</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None.</b>	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) <b>None.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Last time</b>	
22. I hereby certify that I attended the deceased from <b>Over 1 yr., 19</b> , to <b>Oct. 2nd., 1953</b> , that I last saw the deceased alive on <b>Oct. 1st., 1953</b> , and that death occurred at <b>7:30</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Jno. B. Carlisle, M.D.</b>		23b. ADDRESS <b>Sedalia, Missouri.</b>	23c. DATE SIGNED <b>10-2-53.</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/3/1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Sedalia, Mo.</b>
DATE REC'D BY LOCAL REG. <b>10-8-53</b>		REGISTRAR'S SIGNATURE <b>J. Campbell</b>	2. GENERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sedalia, Mo.</b>

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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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Sedalia, 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.