

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1757

State File No.

No. 300
10-48

FILED JAN 28 1954

BIRTH NO. 61942 REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3022 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>	
c. LENGTH OF STAY (In this place) <u>4 mos.</u>		d. STREET ADDRESS (If rural, give location) <u>408 E. 7th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune-Brooks hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>PAMELA</u> b. (Middle) <u>JANE</u> c. (Last) <u>STARK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 15, 1954</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>Sept 25, 1953</u>		9. AGE (In years last birthday) <u>0</u> MONTHS <u>3</u> DAYS <u>20</u>		10. HOURS & MIN. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carthage, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Elvie Stark</u>		13b. MOTHER'S MAIDEN NAME <u>Henrietta Lassiter</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
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 ADDRESS <u>Elvie Stark, 408 E. 7th, Carthage, Mo</u>	

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>Gastro enteritis, etiology not determined. (2) Dehydration + Acidosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</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.						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 1-14, 1954, to 1-15, 1954, that I last saw the deceased alive on 1-15, 1954, and that death occurred at 8:20a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul H. Binner M.D.</u>		23b. ADDRESS <u>Carthage, Mo.</u>		23c. DATE SIGNED <u>1-15-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Jan 17, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Friends Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Purcell, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>1-16-54</u>		REGISTRAR'S SIGNATURE <u>Floyd B. Clinton M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary Carthage, Mo.</u>	
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(Licensed Embalmer's Seal - Paste on Reverse Side)

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

RECEIVED JAN 21 1954

Jasper County Health Office

County File Number 54-1-54

Date Filed JAN 21 1954

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

Robert H. Kneel

Licensed Embalmer No. 4459

P. O. Address Carthage, 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.