FILED AUG 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23466

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 101

1. PLACE OF DEATH
a. COUNTY: JOHNSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WARRENSBURG
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): WARRENSBURG MEDICAL CENTER

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LAFAYETTE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CONCORDIA 0540
d. STREET ADDRESS (If rural, give location): 112 WEST 4th ST. 1

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): AUGUST
c. (Last): STARKEBAUM

4. DATE OF DEATH (Month) (Day) (Year): JULY 29 1954

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: NOV. 17, 1874
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINEST RETIRED
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): HIGGINSVILLE, MO 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: FREDERICK STARKEBAUM
13b. MOTHER'S MAIDEN NAME: WILHELMINA BEISEMEYER
14. NAME OF HUSBAND OR WIFE: MATHILDA STARKEBAUM DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 500-03-2540
17. INFORMANT'S SIGNATURE OR NAME: IRVIN STARKEBAUM — ADDRESS: CONCORDIA, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Fracture of femur — 7 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
E9030
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19a. DATE OF OPERATION: 7-23-54
19b. MAJOR FINDINGS OF OPERATION: Fracture of Femur.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Concordia Lafayette 054 MO.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 21 1954 8 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Fell in yard while watering flowers.

22. *I hereby certify that I attended the deceased from* 7-22, 1954, *to* 7-29, 1954, *that I last saw the deceased alive on* 7-29, 1954, *and that death occurred at* 6:50 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Lee Cooper MD
23b. ADDRESS: Warrensburg MO
23c. DATE SIGNED: 7-31-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUG 1, 1954
24c. NAME OF CEMETERY OR CREMATORY: EVANGELICAL CEMETERY
24d. LOCATION (City, town, or county) (State): CONCORDIA MO

DATE REC'D BY LOCAL REG.: July 31, 1954
REGISTRAR'S SIGNATURE: Savannah Critchfield 147-0
25. FUNERAL DIRECTOR'S SIGNATURE: E. S. James — ADDRESS: Concordia, MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 2 1954
JOHNSON COUNTY HEALTH DE

NOV 1 1954

FEB 3 1955

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 Me

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.