No. 300
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FILED JAN 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40366

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5224 Registrar's No. 204

0190
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Grand River Twp
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) 8 mile SW Harrisonville, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 1333 Lydia 3040

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Thomas c. (Last) Starks

4. DATE OF DEATH (Month) Dec. (Day) 24 (Year) 1954

5. SEX Male
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH April 16, 1934
9. AGE (In years last birthday) 20 — If under 1 year: Months 8, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hod Carrier
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Nathaniel Starks
13b. MOTHER'S MAIDEN NAME Norman Taylor
14. NAME OF HUSBAND OR WIFE None ~~2328 Mersington K.C. Mo~~

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. Unknown
17. INFORMANT'S SIGNATURE OR NAME Mrs Norman Starks 2328 Mersington K.C. Mo ADDRESS

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) Brain Trauma — INTERVAL BETWEEN ONSET AND DEATH immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) accidental gun shot during
DUE TO (c) hunting accident

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 E9198 .1.3
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.) field
21c. (CITY, TOWN, OR TOWNSHIP) Grand River Township (COUNTY) Cass 019 (STATE) Mo.

21d. TIME OF INJURY (Month) 12 (Day) 24 (Year) 54 (Hour) 11 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? accidental gun shot wound in hunting accident

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Gerard Jander (Corner) (Degree or title) 2
23b. ADDRESS Pleasant Hill, Mo
23c. DATE SIGNED 12/24/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 12/30/54
24c. NAME OF CEMETERY OR CREMATORY Lincoln Cem
24d. LOCATION (City, town, or county) Kansas City (State) Mo

DATE REC'D BY LOCAL REG. Dec. 27, 1954
REGISTRAR'S SIGNATURE Dora Barward 457
25. FUNERAL DIRECTOR'S SIGNATURE Nardone + Williams, K.C. Mo. ADDRESS 1729 Lydia

(Licensed Embalmer's Statement on Reverse Side)

JAN 5 1955

RECEIVED
JAN 3 1955
HEALTH DEPARTMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert W. Atkinson

Licensed Embalmer No. 490

P. O. Address Hammonsville

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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