

FILED JAN 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41520

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-MERAMEC		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place) 3 YRS		d. STREET ADDRESS (If rural, give location) 1089 TERRACE DR.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hill Infirmary			

3. NAME OF DECEASED (Type or Print) HERMAN			a. (First) O.			b. (Middle) _____			c. (Last) STARK			4. DATE OF DEATH (Month) (Day) (Year) 12-13-1954		
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5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 10/6/1874		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR		IF UNDER 2 HRS.	
										Months		Days	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED			10b. KIND OF BUSINESS OR INDUSTRY FARMER, CLERK			11. BIRTHPLACE (State or foreign country) MONITEAU COUNTY - MO			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
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13a. FATHER'S NAME N. V. STARK			13b. MOTHER'S MAIDEN NAME SARAH FOLLOWAY			14. NAME OF HUSBAND OR WIFE NO. LA STARK		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME Bro. Luch, St. Joseph's Hill Inf. EVERETT		ADDRESS _____	
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18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERALIZED ARTERIO SCLEROSIS							
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) SENILITY							
		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 4500						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **11/3, 1951**, to **12/9, 1954**, that I last saw the deceased alive on **12/9, 1954**, and that death occurred at **12:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. M. Mader, M.D.		23b. ADDRESS NORMANDY 4323 Colono Dr. 21100		23c. DATE SIGNED 12/13/54	
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24a. BURIAL, CREMATION, REINTERMENT (Specify) Reinterment		24b. DATE 12-14-54		24c. NAME OF CEMETERY OR CREMATORY Bonora Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City Mo.	
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DATE REC'D BY LOCAL REG. 12/25/54		REGISTRAR'S SIGNATURE Ruth Jirsa 438-0		25. GENERAL DIRECTOR'S SIGNATURE December 21, 1954		ADDRESS Kansas City Mo.	
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Dr. John Brimmer (Licensed Embalmer's Statement on Reverse Side)

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

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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

DEC 28 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

J. L. Shuken

Signed.....
Student Embalmer

Licensed Embalmer No. 3008

P. O. Address Paris, 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.