

FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29383

State File No.

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3014 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arkansas</u> b. COUNTY <u>Conway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett, Mo.</u>		c. LENGTH OF STAY (in this place) <u>1 Day</u>	c. CITY OR TOWN <u>Springfield</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Co. Memo. Hospital</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>- RFD 1</u>		<u>5038</u>	
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Henry</u> c. (Last) <u>Starks</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-14-55</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>6-29-26/1926</u>
9. AGE (In years) <u>29</u>		IF UNDER 1 YEAR Months <u>2</u> Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day lab.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Day lab.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield, Ark.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>Criswell</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>unknown - 4469</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Lamb</u>		ADDRESS <u>1102 W 29th St. DRA</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>Cerebral anoxia & convulsions</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac arrest (temporary)</u> DUE TO (c) <u>Surgery for strangulated hernia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5615</u>	
19a. DATE OF OPERATION <u>9-14-55</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>-</u>		22. I hereby certify that I attended the deceased from <u>9-13-55</u> , 19 <u>55</u> , to <u>9-14-55</u> 19 <u>55</u> , that I last saw the deceased alive on <u>9-14-55</u> , 19 <u>55</u> , and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Joel A. Zimmerman, M.D.</u> (Degree or title)		23b. ADDRESS <u>201 College Kennett Mo.</u>	
23c. DATE SIGNED <u>9-16-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>9-18-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethelham</u>	
24d. LOCATION (City, town, or county) (State) <u>Springfield, Ark.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Throver</u> ADDRESS <u>Morrilton Ark.</u>	

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

RECEIVED DEPT. OF COUNTY HEALTH
DEPARTMENT 9-23-5
COUNTY FILE NUMBER 955

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 Chas. R. Brown....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chas. R. Brown.....

Licensed Embalmer No. 65
P. O. Address Moulton.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.