

FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29845

|   |   |  |  |   |  |   |  |
|---|---|--|--|---|--|---|--|
| BIRTH NO. _____   |   | REG. DIST. NO. 149   |  | PRIMARY REG. DIST. NO. 1002   |  | Registrar's No. 3975  |  |
| 1. PLACE OF DEATH<br>a. COUNTY JACKSON  |   |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE MISSOURI b. COUNTY JACKSON |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY  |   | c. LENGTH OF STAY (in this place) 15 yrs   |  | c. CITY OR TOWN KANSAS CITY   |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5925 WABASH AVENUE  |   |  |  | 87. STREET ADDRESS (If rural, give location) 5925 WABASH AVENUE 3800  |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) John  |   |  | b. (Middle) DAVID                                      |   | c. (Last) STARR  |   | 4. DATE OF DEATH (Month) (Day) (Year) SEPT 8, 1955 |
| 5. SEX <input type="checkbox"/> MALE  | 6. COLOR OR RACE White  | 7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) MARRIED                                       | 8. DATE OF BIRTH APRIL 17, 1880                        |   | 9. AGE (In years last birthday) 75   | IF UNDER 1 YEAR Months  | IF UNDER 24 HRS. Days Hours Min.                   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED   |   | 10b. KIND OF BUSINESS OR INDUSTRY City Park Dept   |  | 11. BIRTHPLACE (City and State or Foreign Country) POWERSVILLE, MISSOURI  |  | 12. CITIZEN OF WHAT COUNTRY? U.S.A.   |  |
| 13a. FATHER'S NAME A. S. STARR  |   |  | 13b. MOTHER'S MAIDEN NAME Lucy Jane Oakley             |   | 14. NAME OF HUSBAND OR WIFE NIRA STARR   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No  |   | 16. SOCIAL SECURITY NO. NONE   |  | 17. INFORMANT'S SIGNATURE OR NAME MRS NIRA STARR  |  | ADDRESS 5925 WABASH AVE. K.C. MO.   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Angina Pectoris<br>DUE TO (c) Coronary Atherosclerosis<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><br>4201       |
| 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)   |   | 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 June, 1955, to Sept 6, 1955, that I last saw the deceased alive on Sept 6, 1955, and that death occurred at 4:00A m., from the causes and on the date stated above.      |   |  |  |   |  |   |  |
| 23a. SIGNATURE B. W. Sharp (Degree or title)  |   |  |  | 23b. ADDRESS 1009 E-47th St   |  | 23c. DATE SIGNED 9/8-55   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL  |   | 24b. DATE SEPT-10-1955   | 24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEMETERY |   | 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI                           |   |  |
| DATE REC'D BY LOCAL REG. 9-10-55  |   | REGISTRAR'S SIGNATURE NEW Marshall   |  |   | 25. FUNERAL DIRECTOR'S SIGNATURE 1331 ADDRESS K.C. MO. D.W. NEWCOMER'S SONS BRUSH CREEK BLVD |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed *Basil Woney*.....

Licensed Embalmer No. *472*

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