

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1122**

Registrar's No. **93**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5465**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - 3rd N. Campbell c. LENGTH OF STAY (In this place) 20 mos		c. CITY OR TOWN Ash Grove d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Duncan Rest Home		e. STREET ADDRESS (If rural, give location) R.F.D. 2 03960	
3. NAME OF DECEASED (Type or Print) a. (First) Rebecca b. (Middle) Elizabeth c. (Last) Starkey		4. DATE OF DEATH (Month) (Day) (Year) Jan. 25-1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 9 1869
9. AGE (In years last birthday) 86 Months 5 Days 16		IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	11. BIRTHPLACE (City and State or Foreign Country) Greene Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME D. D. Redfearn	
13b. MOTHER'S MAIDEN NAME M^E. Gill		14. NAME OF HUSBAND OR WIFE J. R. Starkey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give year or dates of service) None		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Delbert Starkey		ADDRESS Bowling Arc 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES DUE TO (b) Decompensating heart Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 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) (Min.)		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 1-21 , 19 56 , to 1-25-56 , 19 56 , that I last saw the deceased alive on 1-21- , 19 56 , and that death occurred at 9:35 P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) C E Fuller MD		23b. ADDRESS 609 Cherry, Springfield, Mo.	
23c. DATE SIGNED 1-26-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 28-1956	
24c. NAME OF CEMETERY OR CREMATORY Prospect Cemetery		24d. LOCATION (City, town, or county) (State) Greene Co. Mo.	
DATE REC'D BY LOCAL REG. 1-26-56		REGISTRAR'S SIGNATURE Paul H. Williamson	
25. FUNERAL DIRECTOR'S SIGNATURE J. W. Birch		ADDRESS Ash Grove Mo	

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

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.....

Licensed Embalmer No. *385*

P. O. Address... *Ash Grove*

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.