

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **1788**

FILED JAN 16 1956

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 1

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Knox	b. CITY (If outside corporate limits, write RURAL and give township) EDINA	a. STATE Missouri	b. COUNTY Knox
c. LENGTH OF STAY (In this place) 5 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) Edina,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residents		d. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Perry	b. (Middle) Homer	c. (Last) Starbuck	Jan 4 1956		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 11, 1882		9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Knox County, Missouri	
13a. FATHER'S NAME Wm C. Starbuck			13b. MOTHER'S MAIDEN NAME Eliza M. Randall		14. NAME OF HUSBAND OR WIFE Mrs Oma Starbuck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 498#34-894	17. INFORMANT'S SIGNATURE OR NAME Mrs Oma Starbuck		ADDRESS Edina, Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Prostatitis</u>		
	DUE TO (c) <u>610X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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 May, 1944, to Jan 4, 1956, that I last saw the deceased alive on Jan 1, 1956 and that death occurred at 12:40 AM., from the causes and on the date stated above.

23a. SIGNATURE <i>Walter B. Jones MD</i>	(Degree or title) MD	23b. ADDRESS <i>Knox Co. Mo</i>	23c. DATE SIGNED 1/6/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6 Jan 56	24c. NAME OF CEMETERY OR CREMATORY Linville Benetery	24d. LOCATION (City, town, or county) (State) Edina, Missouri
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DATE REC'D BY LOCAL REG. Jan 9 56	REGISTRAR'S SIGNATURE <i>Helle D. Hinck</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>W. G. ...</i>	ADDRESS Edina, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 25 1956

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, of _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Mrs J. W. Hudson*

Licensed Embalmer No. *2972*

P. O. Address *Edina 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.