

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40416**

FILED NOV 26 1956

BIRTH NO.		REG. DIST. NO. 373		PRIMARY REG. DIST. NO. 6269		Registrar's No. 47	
1. PLACE OF DEATH a. COUNTY Webster				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Indiana b. COUNTY Wayne			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Ozark		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Richmond		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 631 N. 8th Street			
3. NAME OF DECEASED (Type or Print) a. (First) Lamar		b. (Middle)		c. (Last) Starr		4. DATE OF DEATH (Month) (Day) (Year) November 11, 1956	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH August 17, 1931	
9. AGE (In years last birthday) 25		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier		11. BIRTHPLACE (City and State or Foreign Country) Cedar Bluff, Alabama		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier		10b. KIND OF BUSINESS OR INDUSTRY US Army		11. BIRTHPLACE (City and State or Foreign Country) Cedar Bluff, Alabama		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ruben Starr			13b. MOTHER'S MAIDEN NAME Finnie Diamond			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes 5yrs, 9mos to date		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME US Army Addressial Robert T. Burbeck, CWO, USA, Fort Leonard Wood			
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) Hemothorax, bilateral, massive ANTECEDENT CAUSES DUE TO (b) Multiple rib fractures DUE TO (c) Lacerations, liver II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 66		21c. (CITY, TOWN, OR TOWNSHIP) 12 (COUNTY) Rural Webster (STATE) Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) November 11, 1956		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile Accident			
22. I hereby certify that I attended the deceased ^{saw} on November 11, 1956 , to 1:45 a.m., and that death occurred at 1:45 a.m., from the causes and on the date stated above.							
23a. SIGNATURE James B. Whit, Capt, MC				23b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri		23c. DATE SIGNED 11 Nov 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-12-56		24c. NAME OF CEMETERY OR CREMATORY Unknown		24d. LOCATION (City, town, or county) (State) Richmond Indiana	
DATE REC'D BY LOCAL REG. 11-12-56		REGISTRAR'S SIGNATURE J. Francis		2. DIRECTOR'S SIGNATURE J. Kelly		ADDRESS HEDGES FUNERAL HOMES INC CROCKER MO	

(Licensed Embalmer's Statement on Reverse Side)

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. 4896 working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence Pross.....

Licensed Embalmer No. 4896

P. O. Address Waynesville

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.