

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5473

FILED MAR 11 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4308 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Mc Donald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Mc Donald</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>RURAL</u> )		c. LENGTH OF STAY (In this place) <u>15 years</u>	c. CITY OR TOWN <u>Noel, Mo. 0600</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 2</u>		f. STREET ADDRESS (If rural, give location) <u>Route 2</u>	

3. NAME OF DECEASED a. (First) <u>LORA</u> b. (Middle) <u>Belle</u> c. (Last) <u>STARNS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 28 1957</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Dec. 8, 1972</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>West Virginia</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Issac Seals</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>JAMES M. STARNs</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Gladine Lorus Noel, Mo.</u> ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Essential Hypertension</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) <u>4720.0</u> <u>NOEL MO.</u> <u>MO.</u>
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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? _____
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22. I hereby certify that I attended the deceased from Aug, 1954, to Feb, 1957, that I last saw the deceased alive on 2-27, 1957, and that death occurred at 2:12 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. J. Royce</u> (Degree or title) <u>A.O.</u>	23b. ADDRESS <u>Noel Mo</u>	23c. DATE SIGNED <u>2/28/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-2-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Petty's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Noel, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-28-1957</u>	REGISTRAR'S SIGNATURE <u>Mary Humphrey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Erp Galt</u> ADDRESS <u>Siloam Spgs, ARK.</u>
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(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. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *ERPyeette*

Licensed Embalmer No. *321*

P. O. Address *Silvany Ark*

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.