

Health & Welfare
Public
Service

FILED JUN 4 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 226

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived; if institution, Residence before admission)	
a. COUNTY Miller	a. STATE Missouri b. COUNTY Miller <input checked="" type="checkbox"/>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eldon	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Eldon	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 129 W. 7th	Length of stay in 1b	d. STREET ADDRESS 129 W. 7th	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First HERMAN	Middle MONTGOMERY	Last STARK	Month May	Day 7, Year 1957
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 26, 1872	9. AGE (In years last birthday) 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Cole Co., Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Ebenezer V. Stark		14. MOTHER'S MAIDEN NAME Armilda Kakry		
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. None	17. INFORMANT H. L. Stark Address Eldon, Missouri	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Haemorrhage		INTERVAL BETWEEN ONSET AND DEATH 8 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arterio sclerosis & hypertension.	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.				

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/>	NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Eldon, Mo.	COUNTY Eldon, Missouri	STATE
21. I attended the deceased from Death occurred at 6:50 P.M. 1950 to May 7 1957 and last saw him alive on May 7 '57					
22a. SIGNATURE E. Shelton M.D.		(Degree or title)		22b. ADDRESS Eldon, Mo.	22c. DATE SIGNED May 9 1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 9-57	23c. NAME OF CEMETERY OR CREMATORY Eldon	23d. LOCATION (City, town, or county). Eldon, Missouri	(State)
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24. FUNERAL DIRECTOR Louis D. Phillips	ADDRESS Eldon, Mo.	25. DATE RECD. BY LOCAL REG. May 9, 1957	26. REGISTRAR'S SIGNATURE Alderratta Waltz
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(Licensed Embalmer's Statement on Reverse Side)

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

192

RECEIVED

MAY 31 '57

Miller County
Health Department

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 Louis D. Phillips, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.