

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

757 022038
STATE RECORDED

FILED JUN 17 1957

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY PEMISCOT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY PEMISCOT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CARTHERSVILLE		c. CITY OR TOWN 6782 TOWN CAUTHERSVILLE	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS 604 E 15th (If outside, give location)
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MYRTLE Middle STARKE Last STARKE			4. DATE OF DEATH MAY 26 1957 Month Day Year			
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-29-1926	9. AGE (In years & last birthday) 29	10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or county) Memphis, Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Al Starks			14. MOTHER'S MAIDEN NAME Jessie			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Jessie Starks - 608 E. 15th Address			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of breast - Metastases		INTERVAL BETWEEN ONSET AND DEATH 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____ 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? 2 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		COUNTY	STATE

21. I attended the deceased from 4/2/56 to 5/26/57 and last saw her alive on _____ Death occurred at 5/26/57 _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Warren P. McCoy MD (Degree or title)		22b. ADDRESS Caruthersville Mo	22c. DATE SIGNED 4/1/57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE May 30, 1957	23c. NAME OF CEMETERY OR CREMATORY Netherlands	23d. LOCATION (City, town, or county) Netherlands, Mo. (State)
24. FUNERAL DIRECTOR LA Forge, Caruthersville, Mo ADDRESS		25. DATE RECD. BY LOCAL REG. 6-12-57	26. REGISTRAR'S SIGNATURE Jessie B. Welpe

(Licensed Embalmer's Statement on Reverse Side)

Ith, Affairs, 00 56, 1, 0, 47, 0, 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.

6-154-56

JUN 14 1957

PEMISCOT COUNTY HEALTH DEPARTMENT
COURT HOUSE PO BOX 79
CANTON, MASS.

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 *Paul C. Dean*

Licensed Embalmer No. *39*

P. O. Address *Canton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING, 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.