

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

538

FILED FEB 3 1958

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton</u>		c. LENGTH OF STAY (in this place) <u>3Days</u>	c. CITY OR TOWN <u>Bogard Mo.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Atwood Hosp</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS <u>Van Horn Township.</u>		8110	
3. NAME OF DECEASED a. (First) <u>Gentry</u>		b. (Middle)	c. (Last) <u>Starnes.</u>
4. DATE OF DEATH <u>January 10, 1958</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Dec. 27 1883</u>		9. AGE (in years last birthday) <u>74</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Carrollton Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert Starnes</u>		13b. MOTHER'S MAIDEN NAME <u>Mollie Gentry</u>	
14. NAME OF HUSBAND OR WIFE <u>Single.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Florence Marshall (Carrollton Mo.)</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Malmnutrition Arteriosclerosis, generalized <u>5 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>33X</u>	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		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 <u>June</u> , 19 <u>55</u> to <u>Jan 10</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>Jan 10</u> , 19 <u>58</u> , and that death occurred at <u>10:15 PM.</u> from the causes and on the date stated above.	
23a. SIGNATURE <u>John H. Platz</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Carrollton Mo.</u>	
23c. DATE SIGNED <u>1-11-58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1-12-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo.</u>		DATE REC'D BY LOCAL REG. <u>1-30-58</u>	
REGISTRAR'S SIGNATURE <u>Mr. Herbert Calver</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marshall F. Home (Carrollton Mo.)</u>	
ADDRESS		ADDRESS	

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.....
R.M. Marshall Jr

Licensed Embalmer No.....
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P. O. Address.....
Carroll Co.

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.