Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-010419
STATE FILE NUMBER

FILED MAR 24 1958

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY Jasper	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper 0493
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Carthage — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Carthage — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) McCune-Brooks Hospital — Length of stay in lb 30 Min.	d. STREET ADDRESS (If outside, give location) 822 W. Chestnut — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First Alva	Middle Washington	Last Stark	4. DATE OF DEATH Month March Day 14 Year 1958
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH March 14, 1880
9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired machinest	10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (City and state or country) Lawrence County, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George W. Stark	13b. MOTHER'S MAIDEN NAME Mary Halstead	14. NAME OF HUSBAND OR WIFE Nora Allen Stark	
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. 489-24-5889	17. INFORMANT Carthage, Mo. Address Mrs. A.W. Stark, 822 W. Chestnut	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary artery occlusion	1 hour 30 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hypertensive cardiovascular disease	2 years
DUE TO (c)	4201	

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 [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 1:05 P.M. 3/14/58, to 2:10 P.M. 3/14/58 and last saw her/him alive on 3/14/58
Death occurred at 2:10 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles F. Isbell, D. 0	22b. ADDRESS Carthage, Missouri	22c. DATE SIGNED 3/15/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-16-58	23c. NAME OF CEMETERY OR CREMATORY Dice Cemetery
23d. LOCATION (City, town, or county) (State) Fairview, Mo.		
24. FUNERAL DIRECTOR ADDRESS Knell Mortuary, Carthage, Mo.	25. DATE RECD. BY LOCAL REG. 3-15-58	26. REGISTRAR'S SIGNATURE Eny Clinton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be tested.
All diseases in Part I must be causally related.

County File Number 58-3-287
Date Filed MAR 21 1958

MAR 26 1958

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 ..... Signed Frank W. Kuell
Signature of Student Embalmer

Licensed Embalmer No. 4440
P. O. Address Carthage

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.