

THE DIVISION OF HEALTH OF MISSOURI 17229-58  
STANDARD CERTIFICATE OF DEATH

58-010737  
State File No.

FILED MAR 26 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 9-58

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Miller</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u> c. CITY OR TOWN <u>Eugene</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tuscumbia</u>                      |   | c. LENGTH OF STAY (In this place) <u>4 hours</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Humphreys Osteopathic Hospital</u>                                      |   | f. STREET ADDRESS (If rural, give location) <u>RFD #1</u>  |  |
| 3. NAME OF DECEASED (Type or Print) <u>JOY</u>   | a. (First) <u>LYN</u>                           | b. (Middle) <u>STARK</u>   | c. (Last) <u>STARK</u>                     |
| 4. DATE OF DEATH <u>March 11, 1958</u>   | 5. SEX <u>female</u>                            |  | 6. COLOR OR RACE <u>caucasian</u>          |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>   | 8. DATE OF BIRTH <u>March 11, 1958</u>          | 9. AGE (In years last birthday) <u>3</u>   | IF UNDER 1 YEAR <u>46</u> Days Hours Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>newborn infant</u>  | 10b. KIND OF BUSINESS OR INDUSTRY               | 11. BIRTHPLACE (City and State or Foreign Country) <u>Tuscumbia, Missouri MISSOURI</u>   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>    |
| 13a. FATHER'S NAME <u>Johnnie J. Stark</u>   | 13b. MOTHER'S MAIDEN NAME <u>Hilda M. Hager</u> | 14. NAME OF HUSBAND OR WIFE <u>none</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>none</u>             | 17. INFORMANT'S SIGNATURE OR NAME <u>Hilda M. Stark,</u> ADDRESS <u>Eugene, Missouri</u>   |  |

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 hr 46 min</u> |
| ANTECEDENT CAUSES   | DUE TO (b) _____  |  |  |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  | DUE TO (c) _____  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |  |

|   |  |   |
|---|--|---|
| 19a. DATE OF OPERATION                          | 19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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)<br><u>7620</u>                      |
| 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 3-11-58, 1958, to 3-11-58, 1958, that I last saw the deceased alive on 3-11-58, 1958, and that death occurred at 5:01 P.M., from the causes and on the date stated above.

|  |   |   |
|--|---|---|
| 23a. SIGNATURE <u>L. S. Humphrey</u> (Degree or title) <u>D.O.</u> | 23b. ADDRESS <u>Tuscumbia, Missouri</u>   | 23c. DATE SIGNED <u>3-11-58</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>            | 24b. DATE <u>3-12-58</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>Tuscumbia</u>                                     |
| 24d. LOCATION (City, town, or county) (State) <u>Tuscumbia, MO</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. D. E. Kallenbach</u> ADDRESS <u>Eugene, MO</u> |   |
| DATE REC'D BY LOCAL REG. <u>3-20-58</u>                            | REGISTRAR'S SIGNATURE <u>Mrs. D. E. Kallenbach</u>                                      | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. D. E. Kallenbach</u> ADDRESS <u>Eugene, MO</u> |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48

**RECEIVED**

**MAR 21 '58**

**Miller County  
Health Department**

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**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.....

Licensed Embalmer No.....

P. O. Address .....

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.