

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012889
STATE FILE NUMBER

FILED MAR 18 1958

Registration District No. 340 Primary Registration District No. 3075 Registrar's No. 29

300
-57

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Dexter</u>		c. CITY OR TOWN <u>Dexter</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>506 Vine St.</u>		d. STREET ADDRESS (If outside, give location) <u>506 Vine St.</u>	
Length of stay in lb <u>51 yrs.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Rhoda</u> Middle <u>Caroline</u> Last <u>Stark</u>			4. DATE OF DEATH Month <u>March</u> Day <u>5</u> Year <u>1958</u>		
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 11, 1869</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	11. BIRTHPLACE (City and state or country) <u>Malden, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Martin Riddle</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah J. Norman</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</u>
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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>X X X X X X X X X X X X X X X X</u>	17. INFORMANT <u>Ada Norman Dexter, Mo.</u>	Address <u>Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>congestive heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4-5 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>malnutrition</u>	
	DUE TO (c) <u>senile degeneration</u>	
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.) <u>0</u>	
20c. TIME OF INJURY Hour <u>0</u> Month <u>0</u> Day <u>0</u> Year <u>0</u> a.m. <u>0</u> p.m. <u>0</u>		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 Feb. 9, 1958 to Feb. 21, 1958 and last saw her alive on 2-23-58
Death occurred at 3-5-58 2:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>H. S. Davis M.D.</u>	(Degree or title)	22b. ADDRESS <u>Dexter, Mo.</u>	22c. DATE SIGNED <u>3-7-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>3-6-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dexter Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Dexter, Mo.</u>
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24. FUNERAL DIRECTOR <u>Jatkins & Sons</u>	ADDRESS <u>Dexter, Mo.</u>	25. DATE RECD BY LOCAL REG. <u>3/12/58</u>	26. REGISTRAR'S SIGNATURE <u>Velma N. Jenkins</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Marsh Watkins*

Licensed Embalmer No. *4717*
P. O. Address *Deplan, Mo.*

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.