

FILED APR 30 1958

STANDARD CERTIFICATE OF DEATH

Registration District No. 215 Primary Registration District No. 5783 Registrar's No. 13

300
1-57
660

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>4 mi S-E Tusculum</u> OSAGE Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Tusculum</u> - 0660 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 mi S-E Tusculum</u> - 35 yrs		d. STREET ADDRESS (If outside, give location) <u>4 mi S-E Tusculum</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>William Thomas Stark</u>		4. DATE OF DEATH Month Day Year <u>April-12-1958</u>	
5. SEX <u>Male</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>4 May-1887</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Gen-Farming</u>	9c. AGE (In years last birthday) <u>70</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen-Farming</u>	10c. BIRTHPLACE (City and state or country) <u>Miller-Co-Mo</u>
11. BIRTHPLACE (City and state or country) <u>Miller-Co-Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Geo. Thomas Stark</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Wyrick</u>	
14. NAME OF HUSBAND OR WIFE <u>Mattie Dixon Stark</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Thomas Stark Tusculum-Mo</u>	
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>Cardio-renal disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 year</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>442X</u>			
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>NONE</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u>NONE</u>		20d. INJURY OCCURRED WHILE AT <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.) <u>NONE</u>		20f. CITY, TOWN, OR LOCATION <u>NONE</u>	
21. I attended the deceased from <u>6-11-57</u> to <u>4-11-58</u> and last saw him alive on <u>4-11-58</u> Death occurred at <u>6:45 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Kenyon Latham M.D. California, Mo</u>	
22b. ADDRESS <u>California, Mo</u>		22c. DATE SIGNED <u>4-12-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>14 April-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WYRICK</u>	23d. LOCATION (City, town, or county) (State) <u>Miller-Co-Mo</u>
24. FUNERAL DIRECTOR <u>Keith M. Fay</u>		25. DATE RECD. BY LOCAL REG. <u>APRIL 16, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Jessie Perkins</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

RECEIVED

APR 24 '58

Miller County
Health Department

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 *Keith M. Kays*
Licensed Embalmer No. *3998*
P. O. Address *Eldon 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.