

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029918
STATE FILE NUMBER

FILED AUG 26 1958 Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 121

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1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA		c. CITY OR TOWN LOUISIANA	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PIKE Co. HOSPITAL		d. STREET ADDRESS (If outside, give location) 220 NORTH THIRD	
Length of stay in 1b LIFETIME		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First LAWRENCE E Middle STARK Last STARK			4. DATE OF DEATH Month Aug. Day 13 Year 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 2, 1893	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECRETARY + TREASURE		10b. KIND OF BUSINESS OR INDUSTRY STARK BROS. NURSERY		11. BIRTHPLACE (City and state or country) PIKE Co., Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME EUGENE W. STARK		13b. MOTHER'S MAIDEN NAME ANN WITHROW		14. NAME OF HUSBAND OR WIFE MARIE STARK	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 490-05-3881		17. INFORMANT Address MRS. LAWRENCE STARK, LOUISIANA, Mo.	

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) Pulmonary Congestion			5 days
DUE TO (b) Bronchial pneumonia			
DUE TO (c) Coronary artery occlusion, with congestion and cardiac failure, Cardio-vascular disease			
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.) -----	
20c. TIME OF INJURY Hour --- Month, Day, Year --- a.m. --- p.m. ---		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -----	

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.) -----		20f. CITY, TOWN, OR LOCATION -----	
20g. COUNTY -----		20h. STATE -----		21. I attended the deceased from 6/6/57 to 8/13/58 and last saw ^{him} _{her} alive on 8/13/58	
Death occurred at 4:26 P on the date stated above; and to the best of my knowledge, from the causes stated.					

21a. SIGNATURE Chas. H. Luweller M.D. (Degree or title)		21b. ADDRESS Louisiana, Mo.		21c. DATE SIGNED 8/15/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8/15/58		23c. NAME OF CEMETERY OR CREMATORY RIVERVIEW CEMETERY, LOUISIANA, Mo.	
23d. LOCATION (City, town, or county) LOUISIANA, Mo.		23e. (State) Mo.		24. FUNERAL DIRECTOR STERNE FUNERAL HOME, LOUISIANA, Mo.	
25. DATE RECD. BY LOCAL REG. Aug 19 - 1958		26. REGISTRAR'S SIGNATURE Bernice Collier			

All diseases in Part I must be causally related.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

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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 *Virginia Steina Esterbrook*

Licensed Embalmer No. *4645*

P. O. Address *Louisiana, 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.