

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039281
STATE FILE NUMBER

FILED DEC 12 1958 Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 170

300
1-57

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LIBERTY		c. CITY OR TOWN KANSAS CITY 5008	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION I.O.D.F. Hosp.		d. STREET ADDRESS (If outside, give location) 4449 N. AGNES	
Length of stay in lb 1 WK.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last MARY MARJORY STARK			4. DATE OF DEATH Month Day Year Nov. 29 1958		
---	--	--	---	--	--

5. SEX Female	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 JAN. 26, 1917	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
-------------------------	----------------------------------	---	--	--	---	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK @ CHAS NOFF	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Dewitt, MO	12. CITIZEN OF WHAT COUNTRY? U. S. A.
---	-----------------------------------	---	---

13a. FATHER'S NAME George T. Casebolt	13b. MOTHER'S MAIDEN NAME Bessie Elder	14. NAME OF HUSBAND OR WIFE Woodrow 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.	17. INFORMANT Address Woodrow STARK - 4449 N. AGNES
--	-------------------------	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IntraCranial Pressure from malignant tumor in brain		INTERVAL BETWEEN ONSET AND DEATH Month or two
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
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? 1930. YES <input checked="" type="checkbox"/> NO <input 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. 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 COUNTY STATE
---	---	--	---

21. I attended the deceased from Nov 20 to Nov 22 and last saw her alive on Nov 28 1958 Death occurred at 12:30 A on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wm H Goodson M.D.	22b. ADDRESS Liberty, Mo	22c. DATE SIGNED 11/29
--	------------------------------------	----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec 1, 1958	23c. NAME OF CEMETERY OR CREMATORY Dewitt Cemetery	23d. LOCATION (City, town, or county) (State) Dewitt, Mo.
--	---------------------------------	--	---

24. FUNERAL DIRECTOR ADDRESS D.W. Neucomeis Sons N. K. C.	25. DATE RECD. BY LOCAL REG. 12-5-58	26. REGISTRAR'S SIGNATURE Nabel Graham
---	--	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MS JUL 27 1959



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 Glenn H. Hill

Licensed Embalmer No. 4586

P. O. Address R. C. 16, 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.