

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043476

STATE FILE NUMBER

FILED DEC 18 1958

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 562

health,  
Welfare  
Public  
Service

300  
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Fredericktown</u> <sup>0620</sup> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hosp</u> Length of stay in lb <u>17 da.</u>		d. STREET ADDRESS <u>Rt # 2</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>W.</u> Last <u>Starkey</u>		4. DATE OF DEATH Month <u>12</u> Day <u>2</u> Year <u>58</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB. 8, 1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER - LAUREL</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR Month <u>9</u> Day <u>27</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
11. BIRTHPLACE (City and state or country) <u>MADISON COUNTY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>CHRIS TOOPER STARKEY</u>		14. MOTHER'S MAIDEN NAME <u>MINERVA DAVIS</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.	
17. INFORMANT <u>OPAL OSBORNE -</u> Address <u>FREDERICKTOWN, 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>Septicemia</u> DUE TO (b) <u>Prostate Hypertrophy - operated 12 days by death</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>Sumner L Kidney ?? 610X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>12 days</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.)	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a. m. <u></u> p. m. <u></u>			
20d. INJURY OCCURRED WHILE AT WORK <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 <u>11-16-58</u> to <u>12-2-58</u> and last saw him alive on <u>12-2-58</u> Death occurred at <u>1:05 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Dr. or title) <u>[Signature]</u>		22b. ADDRESS <u>219 N. Pacific Cape Girardeau, MO.</u>	
22c. DATE SIGNED <u>12-2-58</u>			
23a. BURIAL CREMATION, HOME OR (Specify)		23b. DATE <u>Dec. 4, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>SNOWDENVILLE CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY, MO.</u>	
24. FUNERAL DIRECTOR <u>[Signature]</u> ADDRESS <u>mo. Fredericktown - FREDERICKTOWN,</u>		25. DATE RECD. BY LOCAL REG. <u>Dec 11, 1958</u>	
		26. REGISTRAR'S SIGNATURE <u>Mrs. Homer Cooper</u>	

(Licensed Embalmer's Statement on Reverse Side)

**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 *D. Adamson*

Licensed Embalmer No. *43*

P. O. Address *FREDERICKTOWN*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.