

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001911

STATE FILE NUMBER

FILED FEB 10 1959

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 16

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Laclede  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Laclede                                |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Lebanon  |  | c. CITY OR TOWN Lebanon   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Wallace Hospital   |  | d. STREET ADDRESS (If outside, give location)<br>Plato Star Rt, Lebanon   |   |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br>William Jacob Starnes   |  | 4. DATE OF DEATH<br>Month Day Year<br>January 31 1959   |   |
| 5. SEX<br>Male  | 6. COLOR OR RACE<br>White  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>March 15, 1883  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Farmer   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>Farm   | 9. AGE (In years last birthday)<br>75   |
| 11. BIRTHPLACE (City and state or country)<br>Laclede County, Missouri  |  | 12. CITIZEN OF WHAT COUNTRY?<br>USA   |   |
| 13a. FATHER'S NAME<br>Perry Starnes   |  | 13b. MOTHER'S MAIDEN NAME<br>Sarah Barnes   | 14. NAME OF HUSBAND OR WIFE<br>Rosa Starnes   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>No  |  | 16. SOCIAL SECURITY NO.<br>497-12-7380  | 17. INFORMANT<br>Mrs Rosa Starnes   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Cancer of Prostate with metastases.   |  | INTERVAL BETWEEN ONSET AND DEATH<br>2 yrs.  |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) _____<br>DUE TO (c) _____  |  |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>177X   |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><input checked="" type="checkbox"/> None <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<br>Hour Month, Day, Year<br>a.m.<br>p.m.  |  |   |   |
| 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<br>Death occurred at 5/5/53 to 1/31/59 and last saw him alive on 1/31/59<br>9:40 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated. |  |   |   |
| 22a. SIGNATURE<br>Ernest E. Fisher M.D.   |  | 22b. ADDRESS<br>Lebanon, Mo   | 22c. DATE SIGNED<br>2/2/59  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   | 23b. DATE<br>Feb 3, 1959   | 23c. NAME OF CEMETERY OR CREMATORY<br>Oakland Cemetery  | 23d. LOCATION (City, town, or county) (State)<br>Laclede County Missouri                          |
| 24. FUNERAL DIRECTOR<br>Dorsey M. Howe Lebanon Mo.  |  | 25. DATE RECD. BY LOCAL REG.<br>2-3-1959  | 26. REGISTRAR'S SIGNATURE<br>Hilda L. May   |

(Licensed Embalmer's Statement on Reverse Side)

300  
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Dorsey M. Howe* .....

Licensed Embalmer No. *4222* .....

P. O. Address *Lebanon,* .....

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.