

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006102

STATE FILE NUMBER

RECEIVED FEB 25 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		c. CITY OR TOWN Duenweg 0490	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St John's Hospital		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb 10 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED First Middle Last
Lois Dean Starchman

4. DATE OF DEATH February 8, 1959

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 March 17, 1934	9. AGE (In years last birthday) 24	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Days	12. UNDER 24 HRS. Hours	13. UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Diamond Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Gabriel Long	13b. MOTHER'S MAIDEN NAME Velma Dean Siler	14. NAME OF HUSBAND OR WIFE
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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. 5870	17. INFORMANT Address Mr & Mrs Gabriel Long Duenweg Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Necrotizing Pancreatitis

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) _____

INTERVAL BETWEEN ONSET AND DEATH 10 days

19. WAS AUTOPSY PERFORMED? YES NO 2

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. 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
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21. I attended the deceased from 1/30/59 to 2/8/59 and last saw her alive on 2/8/59	22a. SIGNATURE Part 7. Hoelder md	22b. ADDRESS Joplin, Mo	22c. DATE SIGNED 2/10/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-11-1959	23c. NAME OF CEMETERY OR CREMATORY Diamond Cemetery	23d. LOCATION (City, town, or county) (State) Diamond Missouri
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24. FUNERAL DIRECTOR Hedge-Lewis Funeral Home, Webb City Mo.	25. DATE RECD. BY LOCAL REG. 2-17-1959	26. REGISTRAR'S SIGNATURE Dove Merriam
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *Richard Gray Lewis*

Licensed Embalmer No. *4403*

P. O. Address *Walt City, 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.