

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016139

State File No.

FILED MAY 8 1959

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 545

Registrar's No. 1221

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood 17, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood 17, Mo. 4544	
c. LENGTH OF STAY (in this place) 4 yrs		d. STREET ADDRESS (If rural, give location) 7228 Southwest	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7228 Southwest			

3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) Catherine c. (Last) Starling		4. DATE OF DEATH (Month) (Day) (Year) 4-29-1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11-22-1876
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Arkansas
		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Isaac Whittenburg		13b. MOTHER'S MAIDEN NAME Nancy Holt		14. NAME OF HUSBAND OR WIFE E. B. Starling (Deceased)	
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. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Manley Starling-Pocahontas, Ark.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown Natural Causes		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7954		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE John C. Murphy MD Acting Health Commissioner		23b. ADDRESS 801 S. Brentwood Clayton, Mo.		23c. DATE SIGNED	
24b. DATE 5-2-1959		24c. NAME OF CEMETERY OR CREMATORY Starling Cemetery		24d. LOCATION (City, town, or county) (State) Randolph County, Arkansas	
DATE REC'D BY LOCAL REG. 5-4-59		REGISTRAR'S SIGNATURE John C. Murphy M.D. M.C. McYabb		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Pocahontas, Ark.	

(Listed Embalmer's Statement on Reverse Side)

MADE A PERMANENT RECORD

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
Student Embalmer

Signed Gentry R. Folsom

Licensed Embalmer No. 3481

P. O. Address Crystal City

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 this body is not embalmed, fact should be so stated above.