

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010758

FILED VS MAR 30 1960 #4

STATE FILE NUMBER

Registration District No. 4234 Primary Registration District No. 4234 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Iron			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Iron		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton		Length of stay in lb 2 da.	c. CITY OR TOWN Arcadia Twsp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1/4 Mi. N. of Ironton	
3. NAME OF DECEASED (Type or print) First Middle Last JOSEPH ROBERT STARNS			4. DATE OF DEATH Month Day Year Mar. 18 1960		
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov 12 42	9. AGE (last birthday) 17	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Ironton, Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Fonzie J. Starns		13b. MOTHER'S MAIDEN NAME Alma McGee		14. NAME OF HUSBAND OR WIFE ##	
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. no		17. INFORMANT Address F. J. Starns, Ironton Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized peritonitis					INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) penetrating wound through rectum					4 days
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) mentally retarded (congenital)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) patient stuck foreign body in rectum			
20c. TIME OF INJURY Hour, min., p.m. 3-15-60	Month, Day, Year penetrating large bowel				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) about home	20f. CITY, TOWN, OR LOCATION Ironton, Missouri		COUNTY	STATE
21. I attended the deceased from 3-15-60 to 3-18-60 and last saw him alive on 3-18-60 Death occurred at 8.45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) R. E. Farland, M.D.			22b. ADDRESS Ironton, Missouri		22c. DATE SIGNED 3-19-60
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 3-20-60	23c. NAME OF CEMETERY OR CREMATORY Glover Cemetery		23d. LOCATION (City, town, or county) (State) Glover Missouri	
24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Ironton, Mo.			25. DATE RECD. BY LOCAL REG. 3-19-1960	26. REGISTRAR'S SIGNATURE Ma Ann Jones	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 15 1960

STATEMENT BY LICENSED EMBALMER

MAR 31 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Archie White*

Licensed Embalmer No. 2012

P. O. Address *Dorton Ave*

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