

# FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

# =60-016027

FILED VS MAY 3 1960 179

Primary Registration District No. 4287 Registrar's No. 62

STATE FILE NUMBER

INDEXED

|   |   |   |  |  |   |
|---|---|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Lincoln</b>   |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Troy</b>  |   | Length of stay in 1b<br><b>15 yr.</b>   | c. CITY OR TOWN <b>Troy</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>1195 Main</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>1195 Main</b>  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>BESSIE JANE STARKEY</b>  |   |   | 4. DATE OF DEATH<br>Month Day Year<br><b>April 15, 1960</b>  |  |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>  | 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><b>June 20, 1891</b>   | 9. AGE (last birthday)<br><b>68</b>  | IF UNDER 1 YEAR<br>Months <b>9</b> Days <b>25</b> Hours <b></b> Min. <b></b>          |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Housework</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Troy MO.</b>  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |   |
| 13a. FATHER'S NAME<br><b>Chas Vaughn</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Sarah A. Creech</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>John Starkey</b>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>None</b>  |   | 16. SOCIAL SECURITY NO.<br><b>498-05-9178</b>   | 17. INFORMANT<br>Address<br><b>Della Reeds. Troy MO.</b>   |  |   |
| 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) <b>Congestive Heart Failure</b>   |   |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 years</b>                                    |
| 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)   |   |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 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<br>Hour <b></b> s.m. <b></b> p.m. <b></b>   | Month, Day, Year  |   |  |  |   |
| 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.)                  | 20f. CITY, TOWN, OR LOCATION  | COUNTY   | STATE  |   |
| 21. I attended the deceased from <b>Mar 3 1958</b> to <b>April 15, 1960</b> and last saw her/him alive on <b>Apr. 15 1960</b><br>Death occurred at <b>12:30 P.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |  |   |
| 22a. SIGNATURE (Deceased or title)<br><b>H. Z. Kelley D.O.</b>  |   |   | 22b. ADDRESS<br><b>Troy MO</b>   |  | 22c. DATE SIGNED<br><b>Apr 16 - 60</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>April 18 1960</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Sulphur Lick Cemetery</b>  |  | 23d. LOCATION (City, town, or county)<br><b>Lincoln County MO.</b>   |   |
| 24. FUNERAL DIRECTOR<br><b>D. W. McLeary Troy MO</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>Apr. 25, 1960</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Charlotte Seek</b>   |  |   |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(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 \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed D. W. McCoy  
Licensed Embalmer No. 3580

P. O. Address Troy, 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.