

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038869

FILED VS. OCT 31 1960

174

Primary Registration District No. 3035

Registrar's No. 98

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY LAFAYETTE				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Mo. b. COUNTY Lafayette				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LEXINGTON		Length of stay in lb from Birth		c. CITY OR TOWN Higginsville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2 1/2 mi. South		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Steven Middle John Last Starke				4. DATE OF DEATH Month October Day 15 Year 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 Oct 15, 1960	9. AGE (last birthday) _____	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours 5 Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10b. KIND OF BUSINESS OR INDUSTRY (2 part) none		11. BIRTHPLACE (City and state or country) Lexington, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME J. M. Starke			13b. MOTHER'S MAIDEN NAME Peggy Powell			14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none			16. SOCIAL SECURITY NO. none		17. INFORMANT J. M. Starke - Higginsville, Mo. Address _____			
18. CAUSE OF DEATH (Enter only one cause for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable pulmonary hyaline membrane							INTERVAL BETWEEN ONSET AND DEATH 4 hrs.	
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) Prematurity					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 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 Hour _____ a.m. _____ p.m.		Month, Day, Year _____						
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 10-15-60 to 10-15-60 and last saw ^{her} him alive on 10-15-60 Death occurred at 6:30 ^{P.} on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Steven S. Best M.D.				22b. ADDRESS Higginsville, Mo.			22c. DATE SIGNED 10/18/60	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE Oct. 16, 1960	23c. NAME OF CEMETERY OR CREMATORY City			23d. LOCATION (City, town, or county) (State) Higginsville, Mo.			
24. FUNERAL DIRECTOR Wieggers-Riekhof - Higginsville, Mo. ADDRESS _____				25. DATE RECD. BY LOCAL REG. 10-18-60		26. REGISTRAR'S SIGNATURE M. Mervin Eastabrook		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ^{NOT} _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Roy W. Waagen

Licensed Embalmer No. 2883

P. O. Address Higginsville

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.