# MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 21 1960

-60-041431
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 389

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City
Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Gasconade
c. CITY OR TOWN
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 9 mi. S. of Hermann
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Bernard Middle: Henry Last: Starke
4. DATE OF DEATH Month: Nov. Day: 17 Year: 1960
5. SEX: Male
6. COLOR OR RACE: Cau.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/17/1889
9. AGE (last birthday): 71-
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Chamois Mo
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Henry Starke
13b. MOTHER'S MAIDEN NAME: Kate Struttmann
14. NAME OF HUSBAND OR WIFE: Odelia Starke
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 499-40-9287
17. INFORMANT: Mrs. B. Starke Address: R#1 Hermann Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic Lymphatic Leukemia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 3-27-52 to 11-17-60 and last saw him alive on 11-17-60
Death occurred at 6:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. C. McKelly MD
22b. ADDRESS 507 E. High St.-Jefferson City, Mo.
22c. DATE SIGNED -11-19-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/21/60
23c. NAME OF CEMETERY OR CREMATORY: St. Joseph Cemetery
23d. LOCATION (City, town, or county): R#1 Hermann (State): Mo.

24. FUNERAL DIRECTOR: Hugo H. Blumer ADDRESS: Hermann Mo
25. DATE REC'D BY LOCAL REG.: 19 Nov. 1960
26. REGISTRAR'S SIGNATURE: R. P. Harris, MD - MRec

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Roger W Blumer

Signature of Student Embalmer

Licensed Embalmer No. 5055

P. O. Address Hermann,

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