

## JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045765

FILED VS DEC 19 1960/28

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1224

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Length of stay in 1b <u>7 weeks</u>		c. CITY OR TOWN <u>Verona</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Burge Protestant Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Violet</u> Middle <u>Z.</u> Last <u>Start</u>				4. DATE OF DEATH Month <u>December</u> Day <u>8</u> Year <u>1960</u>									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6/30/1907</u>		9. AGE (last birthday) <u>53</u>		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) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Harrison County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>Isaac Kinnison</u>				13b. MOTHER'S MAIDEN NAME <u>Mollie Schoonover</u>				14. NAME OF HUSBAND OR WIFE <u>E. L. Start</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>351-14-6641</u>		17. INFORMANT Address <u>E. L. Start, Verona, Missouri</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute lymphoblastic leukemia</u>										INTERVAL BETWEEN ONSET AND DEATH <u>14 months</u>			
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)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 <u>Sept 29, 1959</u> to <u>Dec 8, 1960</u> and last saw <sup>her</sup> him alive on <u>Dec 8, 1960</u> Death occurred at <u>800 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Leif R. Deener MD</u> (Degree or title)						22b. ADDRESS <u>650 S Glens tone Springfield, Mo</u>			22c. DATE SIGNED <u>12-9-60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12/11/1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Spring River Cemetery</u>			23d. LOCATION (City, town, or county) <u>Verona, Missouri</u> (State)						
24. FUNERAL DIRECTOR <u>Oscar L. Marsh, Aurora, Missouri</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>12-12-60</u>		26. REGISTRAR'S SIGNATURE <u>Effie S. Melton</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS AUG 14 1961

**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 Donavon C. Lakin, Student Embalmer No. 627

working under my personal supervision.

Student

Donavon C. Lakin  
Signature of Student Embalmer

Signed

Cesar S. Marsh

Licensed Embalmer No. 3812

P. O. Address Aurora, Miss

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.