

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005967
STATE FILE NUMBER

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 96

FILED MAR 6 1962

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) Jefferson City		Length of stay in 1b	c. CITY OR TOWN Newburg
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Newburg
3. NAME OF DECEASED (Type or print) First ERRI Middle A Last STARK		4. DATE OF DEATH Month February Day 26 Year 1962	

5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-22-1907	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months 7 Days 4	IF UNDER 24 HR Hours 4 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner Gas Company		10b. KIND OF BUSINESS OR INDUSTRY Gas Company		11. BIRTHPLACE (City and state or country) Tuscumbia, Missouri	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Joseph Stark		13b. MOTHER'S MAIDEN NAME Ada Apperson		14. NAME OF HUSBAND OR WIFE Leona Stark		

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 Mrs. Leona Stark, Newburg, Missouri	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) This patient was dead on arrival at the hospital -		INTERVAL BETWEEN ONSET AND DEATH ?
DUE TO (b) Acute myocardial infarction		
DUE TO (c) Acute myocardial infarction		

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 type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)	
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20c. TIME OF INJURY Hour 11:45 AM a.m. Month, Day, Year 2-26-1962 p.m.	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 Jefferson City	COUNTY	STATE
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21. I attended the deceased from **11:45 AM - 2:26 PM** and last saw him **alive on**
Death occurred at **11:45 AM - 2-26-1962** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Reagan D. Taylor M.D.	(Degree or title)	22b. ADDRESS Jefferson City	22c. DATE SIGNED 2-27-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Rem. Bur.	23b. DATE Mar. 1, 1962	23c. NAME OF CEMETERY OR CREMATORY Greenmore Memorial Gardens	23d. LOCATION (City, town, or county) (State) Barnett, Missouri
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24. FUNERAL DIRECTOR Phillips Funeral Home, Eldon, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 27 February 1962	26. REGISTRAR'S SIGNATURE R.P. Harris MD - Registrar
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

VS MAR 6 1962

JUN 12 1962

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Don E. Phelan

Licensed Embalmer No. 5108

P.O. Address Eldon

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.