

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009813
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 15 Primary Registration District No. 5068 Registrar's No. 25

FILED APR 9 1962

VS 300
Rev. 4/59

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0060

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1290-2

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Irwin</u>		Length of stay in 1b <u>5 yrs</u>	c. CITY OR TOWN <u>Irwin</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Irwin, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Irwin, Mo.</u>
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>A.</u> Last <u>Starbuck</u>		4. DATE OF DEATH Month <u>March</u> Day <u>29</u> Year <u>1962</u>	
5. SEX <u>Male</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>12/26/1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Chesepeak, Mo.</u>
13a. FATHER'S NAME <u>Issac Starbuck</u>		13b. MOTHER'S MAIDEN NAME <u>Adaline Brackett</u>	14. NAME OF HUSBAND OR WIFE <u>Birdie Starbuck</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>none</u>	17. INFORMANT <u>Mrs. Birdie Starbuck Irwin, Mo.</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>Cardiac failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Uremia</u>			<u>8 months</u>
DUE TO (c) <u>Carcinoma of Prostate & Bladder</u>			<u>4 yrs?</u>
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
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 <u>8:30</u> a.m. 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 <u>1950</u> to <u>1962</u> and last saw him alive on <u>3-9-62</u>	
21. I attended the deceased from <u>8:30</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Karl K. Kratz, D.O.</u>	
22b. ADDRESS <u>Box 230, Lamar, Mo.</u>		22c. DATE SIGNED <u>3-31-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/31/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sheldon, Mo.</u>	23d. LOCATION (City, town, or county) (State) <u>Vernon, Co. Mo.</u>
24. FUNERAL DIRECTOR <u>Beeny Funeral Home Sheldon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-4-1962</u>	26. REGISTRAR'S SIGNATURE <u>Marie Krantz</u>

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 _____

Licensed Embalmer No.

L. Bernard Perry

P. O. Address

Sheldon, 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.