MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER 62-017876

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 170

FILED JUN 5 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0017
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: ADAIR
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville
Length of stay in 1b: 2 Hr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: LAUGHLIN
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Lewis
c. CITY OR TOWN: Ewing
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: BABY Middle: Boy Last: STARK
4. DATE OF DEATH: Month 5 Day 20 Year 62
5. SEX: Male
6. COLOR OR RACE: Wh.
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-20-62
9. AGE (last birthday): IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HR: Hours 2 / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Kirksville Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: DARWIN STARK
13b. MOTHER'S MAIDEN NAME: DARLEEN Clow
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT: DARWIN STARK Address: Ewing 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): PREMATURE Birth — 6 Months — INTERVAL BETWEEN ONSET AND DEATH: About 2 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)
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 MAY 20-62 to MAY 20-62 and last saw him alive on MAY 20-62
Death occurred at 5:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ralph V. Wump D.O.
22b. ADDRESS: Laplata, Mo.
22c. DATE SIGNED: May 21/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-21-62
23c. NAME OF CEMETERY OR CREMATORY: MASONIC CEMETERY
23d. LOCATION (City, town, or county): Ewing (State): Mo.

24. FUNERAL DIRECTOR: Thomas Ball ADDRESS: Ewing Mo.
25. DATE RECD. BY LOCAL REG.: June 1, 1962 ~~5-21-62~~
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

RALPH V. WINO, D.O.

No permit issued

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 L. M. Crabill

Licensed Embalmer No. 4905

P. O. Address Ewing 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.