MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-63-012257
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 0530
2 0850
3
4 0
5 1
6
7 0
8 2
9 7954
10
11
12 90-8
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF | DOCUMENT

Registration District No. 170 Primary Registration District No. — Registrar's No. 61

FILED APR 1 1963

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brownfield-RR — Length of stay in 1b --
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Pulaski
c. CITY OR TOWN Richland — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS -- (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Farmer Middle James Last Starnes
4. DATE OF DEATH Month March Day 28 Year 1963
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12/15/1894
9. AGE (last birthday) 68 — 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) Rail Road
10b. KIND OF BUSINESS OR INDUSTRY Commercial
11. BIRTHPLACE (City and state or country) Brownfield, Missouri
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Perry Starnes
13b. MOTHER'S MAIDEN NAME Sarah Barnes
14. NAME OF HUSBAND OR WIFE Ila Starnes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of se WW I
16. SOCIAL SECURITY NO. [redacted]
17. INFORMANT Ila Starnes Address Richland, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per li
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Presumed to be of "Natural Causes" — INTERVAL BETWEEN ONSET AND DEATH ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) Investigated by Coroner of Laclede County
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Had no attending Physician
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 — to — and last saw her/him alive on —
Death occurred at -- 3 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Nella L. Way - Local Registrar
22b. ADDRESS Lebanon, Missouri
22c. DATE SIGNED 3-29-1963

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/31/63
23c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery
23d. LOCATION (City, town, or county) (State) Richland, Missouri

24. FUNERAL DIRECTOR Moss-Williams ADDRESS Richland, Missouri
25. DATE RECD. BY LOCAL REG. 3-29-1963
26. REGISTRAR'S SIGNATURE Nella L. Way

(Licensed Embalmer's Statement on Reverse Side)

APR 8 1963

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 Clarence Moore

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.

Permit Issued 3-29-1963 - D.C.H.