

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH,

63-024611

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3099 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB  
AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF  
L. Shireman  
MEDICAL CERTIFICATION

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS City</u>		Length of stay in 1b <u>5 Days</u>	c. CITY OR TOWN <u>Independence</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>St. Marys Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1818 South Vermont</u> Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Theron James Starnes</u>			4. DATE OF DEATH Month Day Year <u>MAY - 30 - 1963</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>Oct 21-1904-58-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>KANSAS City STAR Route Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Altamont KANSAS</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>HARRY WICK STARNES</u>		13b. MOTHER'S MAIDEN NAME <u>SUSA O. DODD</u>	14. NAME OF HUSBAND OR WIFE <u>Edythe Marie Starnes</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>1818 South Vermont</u>	
17. INFORMANT <u>Edythe M. Starnes</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>Cerebral Artery Thrombosis</u> DUE TO (b) <u>Cerebral Artery Arteriosclerosis</u> 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 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"/>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Kansas City</u>	
20f. CITY, TOWN, OR LOCATION <u>Jackson</u>		COUNTY <u>Jackson</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>5-25-63</u> to <u>5-30-63</u> and last saw him alive on <u>5-29-63</u> . Death occurred at <u>1:50 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>L. Shireman M.D.</u>		22b. ADDRESS <u>4606 St. John Kc Mo</u>	
22c. DATE SIGNED <u>5-30-63</u>		(State)	
23a. BURNAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>May 31-1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>OAKWOOD Cemetery</u>		23d. LOCATION (City, town, or county) <u>PARSONS KANSAS</u>	
24. FUNERAL DIRECTOR <u>Lates. 1901 Dahl Blvd. Kansas City, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>5-31-63</u>	
26. REGISTRAR'S SIGNATURE <u>Ruth Song</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 Paul S. Williamson

Licensed Embalmer No. 5009

P. O. Address Overland Park - Kansas

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.

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K. Shireman