

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029510

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 291 Primary Registration District No. 5992 Registrar's No. 66

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 31 1963

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Putnam	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Lincoln Tmp. Length of stay in 1b life		c. CITY OR TOWN Rural-Lincoln Tmp. Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Unionville, Mo. Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) Unionville, Mo. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last Thomas William Starnes			4. DATE OF DEATH Month Day Year July 25, 1963
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-3-76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY Putnam Co., Mo.	9. AGE (last birthday) 87 IF UNDER 1 YEAR Months 1 Days 22 IF UNDER 24 HR Hours Min.
11a. FATHER'S NAME George Henry Starnes		11b. MOTHER'S MAIDEN NAME Caroline Tysor	11. BIRTHPLACE (City and state or country) USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)		16. SOCIAL SECURITY NO. Virgil Ross-Cincinnati, Iowa	12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE none
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic degenerative myocardial disease DUE TO (b) arterio sclerosis & hypertension DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic glomerulonephritis		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20c. TIME OF INJURY Hour 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.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from July 21-63 to July 25-63 and last saw him alive on July 25-63 Death occurred at 7A on the date stated above, and to the best of my knowledge from the causes stated.			
21a. SIGNATURE (Degree or title) Chas L. Judd		21b. ADDRESS Unionville Mo 64580	
22c. DATE SIGNED 7-27-63		22. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Marvell Durbin	
23a. BURIAL, CREMATION, REMOVAL (Specify) B		23b. DATE 7-27-63	
23c. NAME OF CEMETERY OR CREMATORY Anders Cemetery		23d. LOCATION (City, town, or county) (State) Unionville Mo.	
24. FUNERAL DIRECTOR F.O. Husted & Son-Unionville-Mo.		25. DATE RECD. BY LOCAL REG. 7-27-63	

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Murl E. Husted

Licensed Embalmer No. 3304

P. O. Address Unionville, 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.