

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

31068

BIRTH NO. _____		REG. DIST. NO. <u>73</u>		PRIMARY REG. DIST. NO. <u>3014</u>		Registrar's No. <u>72</u>						
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u>			c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u> <u>0241</u>			d. STREET ADDRESS (If rural, give location) <u>6</u> <u>428 N. Main St.</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>428 N. Main St.</u>				d. STREET ADDRESS (If rural, give location) <u>428 N. Main St.</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>Trigg</u>			b. (Middle)		c. (Last) <u>Stark</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 27-52</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 28-1881</u>		9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Barron County, Kentucky</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			
13a. FATHER'S NAME <u>John Stark</u>				13b. MOTHER'S MAIDEN NAME <u>Georgians</u>			14. NAME OF HUSBAND OR WIFE <u>Effie Stark</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>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Effie Stark</u> ADDRESS <u>Liberty, Mo.</u>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.											INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>												
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen Arteriosclerosis</u>												
DUE TO (c)												
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.												
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>4500</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from _____, 19 <u>50</u> , to _____, 19____, that I last saw the deceased alive on <u>Sept 23, 1952</u> , and that death occurred at <u>5</u> P m., from the causes and on the date stated above.												
23a. SIGNATURE <u>Wm. G. Goodson</u> (Degree or title) <u>M.D.</u>						23b. ADDRESS <u>Liberty Mo</u>			23c. DATE SIGNED <u>7/29/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>8 Oct.-1-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>				24d. LOCATION (City, town, or county) (State) <u>Liberty, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>Oct-1-1952</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Hayes</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Shenker - Archer Co. Liberty, Mo.</u> ADDRESS						

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed _____

Licensed Embalmer No. 4448

P. O. Address Liberty, 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 this body is not embalmed, fact should be so stated above.