. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 25 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27085

Registration District No. 224 — Primary Registration District No. 3046 — Registrar's No. 421

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether)
In this community 30 years or more
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 68
(c) City or town California Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Della Lemuel Stark
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nancy K. Stark
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Jan (Month) 29 (Day) 1875 (Year)

8. AGE: Years 73 | Months 6 | Days 20 | If less than one day ..... hr. ..... min.

9. Birthplace Cole Co (City, town, or county) Missouri (State or foreign country) 1
10. Usual occupation Dentist
11. Industry or business .....
MOTHER FATHER
12. Name Benjamin Stark
13. Birthplace Unknown (City, town, or county) (State or foreign country) 4
14. Maiden name Sarah Scott
15. Birthplace Unknown (City, town, or county) (State or foreign country) 4
16. (a) Informant Paul Stark
(b) Address Jefferson City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/20/48 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cem.
18. (a) Signature of funeral director Williams Fun. Home
(b) Address California Mo.
19. (a) 8-20-48 (Date received local registrar) (b) H.R. Roberson (Registrar's signature) 607

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 18
year 1948 hour 7 minute P. M.
21. I hereby certify that I attended the deceased from Sept 5, 1946 to Aug 18, 1948
that I last saw h[im] alive on Aug 18, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	6 months
Due to: Generalized arteriosclerosis	2 years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Kenyon Latham (M. D. or other)
Address California, Mo. Date signed 8-19-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed AUG 24 1948

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:.....

..... Registered Apprentice No.....,

working under my personal supervision.

Signed H E Friedmeyer

Licensed Embalmer No. 2854

P. O. Address California 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.