No. 300
10.48

FILED FEB 8 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 585

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY Cedar
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) El-Dorado Spgs
c. LENGTH OF STAY (in this place) 16 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Chambers Nursing Home 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Cedar
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) El-Dorado Spgs
d. STREET ADDRESS (If rural, give location) West Gay St.

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) E c. (Last) STURGIS

4. DATE OF DEATH (Month) Feb (Day) 1 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec 16 1863
9. AGE (In years last birthday) 85 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Polo, Caldwell Co Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME J. K. Thompson
13b. MOTHER'S MAIDEN NAME Rachel Pender
14. NAME OF HUSBAND OR WIFE Ben Sturgis W. Gay St City

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Ben Sturgis W. Gay St. ADDRESS City

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension, myocardial failure.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

4418

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Jan, 1949, to 1 Feb, 1949, that I last saw the deceased alive on 1 Feb, 1949, and that death occurred at 8 15a m., from the causes and on the date stated above.

23a. SIGNATURE John J Hill (Degree or title) M. D.
23b. ADDRESS Eldorado Springs, Mo.
23c. DATE SIGNED 3 Feb 49.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-4-49
24c. NAME OF CEMETERY OR CREMATORY City
24d. LOCATION (City, town, or county) El-Dorado Spgs (State) Mo

DATE REC'D BY LOCAL REG. FEB. 3, 1949
REGISTRAR'S SIGNATURE George W. Nafus 418 0
25. FUNERAL DIRECTOR'S SIGNATURE Nafus Funeral Home ADDRESS City

(Signature of Registrar's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 1-49-11
Date Filed 2-7-49

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 George W. Nafus

Licensed Embalmer No. 2752

P. O. Address El Dorado Springs 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.