No. 300
10.48

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

FILED MAY 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12716

BIRTH NO. 49-022550 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1739

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 1 day 14 hr 28
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 424 West 60th St. Terrace

3. NAME OF DECEASED (Type or Print): a. (First) Michael b. (Middle) David c. (Last) Sturgeon
4. DATE OF DEATH (Month) (Day) (Year): 4-18-1949
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): new born
8. DATE OF BIRTH: 4-17-1949
9. AGE (In years last birthday): —; IF UNDER 1 YEAR: Months —, Days 1; IF UNDER 24 HRS.: Hours 14, Min. 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): new born
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? —
13a. FATHER'S NAME: Robert Gene Sturgeon
13b. MOTHER'S MAIDEN NAME: Mary Ann Bunn
14. NAME OF HUSBAND OR WIFE: —
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: Robert Gene Sturgeon ADDRESS: 424 W. 60th St. Terr

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

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Gangrenous Enteritis — INTERVAL BETWEEN ONSET AND DEATH: 4-17-49

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ectopic Evisceration — 4-18-49
DUE TO (c) Congenital

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
7562

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: Pathologist
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* 4-17, 1949, *to* 4-18, 1949, *that I last saw the deceased alive on* 4-18, 1949, *and that death occurred at* 6:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: A.E. Upsher (Degree or title) A.E. Upsher M.D.
23b. ADDRESS: 2800 Main
23c. DATE SIGNED: 4/19/49
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 20-49
24c. NAME OF CEMETERY OR CREMATORY: Floral Hills
24d. LOCATION (City, town, or county) (State): Kansas City, Mo
DATE REC'D BY LOCAL REG.: 4-19-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: D.W. Newcomer Sons. ADDRESS: K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.