

No. 500
10-48

FILED DEC 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38125

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3078 Registrar's No. 277

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Nodaway</u>	
b. CITY OR TOWN <u>MARYVILLE</u>	c. LENGTH OF STAY (in this place) <u>1 2 1/2 Mo</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>74 Hopkins</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ARMSTRONG NURSING HOME</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) <u>HOODEMA</u>	a. (First)	b. (Middle)	c. (Last) <u>STURGEON</u>	4. DATE OF DEATH <u>Nov 20-1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 7-1866</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months	IF UNDER 1 MRS. Days	IF UNDER 1 MRS. Hours	IF UNDER 1 MRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Iconium IOWA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>George W. Sheeps</u>	13b. MOTHER'S MAIDEN NAME <u>MARY DAVIS</u>	14. NAME OF HUSBAND OR WIFE <u>Hebron Sturgeon</u>
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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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS EVERETT ORME</u> ADDRESS <u>Hopkins, Mo</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Several days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from 11/14/49 to 11/20, 1949 that I last saw the deceased alive on _____, 19____, and that death occurred at 4:43 P m., from the causes and on the date stated above.

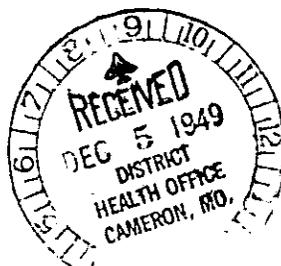
23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>Hopkins Mo</u>	23c. DATE SIGNED <u>11/21/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-21-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hopkins Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hopkins Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-29-49</u>	REGISTRAR'S SIGNATURE <u>Bess Halt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Swanson</u> ADDRESS <u>Hopkins, Mo</u>
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(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.....

myself
.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Stanley Swanson*
.....

Licensed Embalmer No. *3963*

P. O. Address *Hopkins, 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.