S. No. 300
v. 10.48

0680
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5421

BIRTH NO. _____ REG. DIST. NO. 222 PRIMARY REG. DIST. NO. 4333 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: MONITEAU
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLARKSBURG
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Moniteau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarksburg 0680
d. STREET ADDRESS (If rural, give location): C

3. NAME OF DECEASED (Type or Print)
a. (First): BIRDIE
b. (Middle): INA
c. (Last): STURGIS

4. DATE OF DEATH (Month) (Day) (Year): 2 27 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 4-14-1882
9. AGE (In years last birthday): 68 — If under 1 year: Months 10, Days 13 — 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): Moniteau County
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: James Donley
13b. MOTHER'S MAIDEN NAME: Mary Smith
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: Mrs Hilton Douglass — ADDRESS: Clarksburg Missouri

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) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — 5 years
DUE TO (c) — 4201

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 ☐ 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* July 15, 1946, *to* Feb 27, 1951, *that I last saw the deceased alive on* Feb 27, 1951, *and that death occurred at* 10 30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Kenyon Latham M.D. (Degree or title): O
23b. ADDRESS: California, Mo
23c. DATE SIGNED: 2-2-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-2-51
24c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetry
24d. LOCATION (City, town, or county) (State): Clarksburg Mo

DATE REC'D BY LOCAL REG.: Mar. 8-1951
REGISTRAR'S SIGNATURE: Eva Beth Douglas Deputy Registrar
25. FUNERAL DIRECTOR'S SIGNATURE: Hugh E. Williams — ADDRESS: California Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3-9-51
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 3-9-51

APR 21 1951

AUG 10 1951

MAY 7 1951

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 .....,

working under my personal supervision.

Student Embalmer No. .....

Signed Hugh E. Williams

Signed .....
Student Embalmer

Licensed Embalmer No. 3537

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.