

FILED MAR 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11243**

BIRTH NO. _____ REG. DIST. NO. **883** PRIMARY REG. DIST. NO. **3074** Registrar's No. **50**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give town) Sikeston, Mo		c. CITY (If outside corporate limits, write RURAL and give township) 1003	
c. LENGTH OF STAY (in this place) 60 Yrs		d. STREET ADDRESS (If rural, give location) 707 Ruth St Sikeston, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION 707 Ruth St Sikeston, Mo			

3. NAME OF DECEASED (Type or Print)	a. (First) Simeon	b. (Middle) Thomas	c. (Last) Sturgeon	4. DATE OF DEATH (Month) (Day) (Year) 2 24 1951
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 3/24/75	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR 0 Months 0 Days	IF UNDER 24 HRS. 0 Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor	10b. KIND OF BUSINESS OR INDUSTRY Hospt	11. BIRTHPLACE (State or foreign country) Green Co Ky	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jeptha Sturgeon	13b. MOTHER'S MAIDEN NAME Emmly Unknown	14. NAME OF HUSBAND OR WIFE Birdie Sturgeon
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME James Dillord Sturgeon	ADDRESS Sikeston, Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure		INTERVAL BETWEEN ONSET AND DEATH 4:21
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. Arteriosclerotic cardiovascular disease		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 **1-30-51**, 19**51**, to **2-24-51**, 19**51**, that I last saw the deceased alive on **2-24-51**, 19**51**, and that death occurred at **3 P m.**, from the causes and on the date stated above.

23a. SIGNATURE Alden Dargent MD	(Degree or title)	23b. ADDRESS Sikeston, Mo.	23c. DATE SIGNED 2-28-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/26/51	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Sikeston, Mo
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DATE REC'D BY LOCAL REG. Meib 5/	REGISTRAR'S SIGNATURE Mrs Ella Hunter	439	25. FUNERAL DIRECTOR'S SIGNATURE Harry Jones	ADDRESS Sikeston Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 12 195

SCOTT COUNTY HEALTH CO

CO. FILE NO. 351-6

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 John Allerton

Licensed Embalmer No. 2941

P. O. Address Spokane wa

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.