

FILED APR 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12977  
State File No. ....

0495  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 189

1. PLACE OF DEATH a. COUNTY <u>Gascon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Golden</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Boyer Springs</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>22 1/2 East ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>			
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>H.</u> c. (Last) <u>Sturby</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-18-51</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov 9 - 1888</u>
9. AGE (In years last birthday) <u>62</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life (over 15 years if retired) <u>miner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>head &amp; zinc mines</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>
11. BIRTHPLACE (State or foreign country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13a. FATHER'S NAME <u>Steve Sturby</u>	
13b. MOTHER'S MAIDEN NAME <u>Flora Sturby</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Jane Sturby</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u> (If yes, give year or dates of service)	16. SOCIAL SECURITY NO. <u>444-01-6973</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mary Jane Sturby</u> ADDRESS <u>Boyer Springs</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Silicosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Days</u>  ANTECEDENT CAUSES Morbidity 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.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>5230</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>March 1848</u> to <u>4-18</u> , 1951, that I last saw the deceased alive on <u>4-18</u> , 1951, and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L. P. ...</u> (Degree or title)		23b. ADDRESS <u>Boyer Springs, Mo</u>	23c. DATE SIGNED <u>4-18-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>4-18-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Howell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Howell Kansas</u>
DATE REC'D BY LOCAL REG. <u>4-19-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Boyer Springs Kansas</u>	

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

RECEIVED 4-23-51

Jasper County Health Office

County File Number 51/4/336

Date Filed 4-23-51

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 \_\_\_\_\_

Wene Funeral Home

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed *J. Lane Wene*

Licensed Embalmer No. 2880 mo.

P. O. Address Bayton Springs La

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.