

No. 300
10. 48

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11475

State File No. _____

0191

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>4097</u>		Registrar's No. <u>58</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u>		d. STREET ADDRESS (If rural, give location) <u>903 W. Washington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>903 W. Washington</u>				d. STREET ADDRESS (If rural, give location) <u>903 W. Washington</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Helen</u>		b. (Middle) <u>Mai</u>		c. (Last) <u>Sterling</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-9-1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>12-5-1900</u>	
9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Mins. _____			
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 <u>Home</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Greenfield, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Royal F. Elliott</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Elizabeth Kimber</u>			14. NAME OF HUSBAND OR WIFE <u>Ralph Rex Sterling</u>	
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 ADDRESS <u>R. R. Sterling Harrisonville Mo.</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cachexia, and Far Advanced</u> ANTECEDENT CAUSES DUE TO (b) <u>Gen. Carcinomatosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>8-9 yrs.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>2-2</u> , 19 <u>46</u> to <u>4-9</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>4-5</u> , 19 <u>54</u> , and that death occurred at <u>6:00 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thomas M. Johnson M.D.</u>				23b. ADDRESS <u>310 W. 47th St. K.C. Mo.</u>		23c. DATE SIGNED <u>4-10-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-12-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carthage, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-11-54</u>		REGISTRAR'S SIGNATURE <u>Dora Barward</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ulmer Funeral Home Carthage, Mo.</u>			

APR 21 1954

RECEIVED
APR 17 1954
CASS COUNTY
HEALTH DEPARTMENT

MAR 14 1956

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 _____

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.