

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16772
Registrar's No. 130

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4381

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

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Leroy c. (Last) Sturgeon			4. DATE OF DEATH (Month) (Day) (Year) May 8 1954		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 23, 1888	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant-Produce		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Hopkins, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Hebron Sturgeon		13b. MOTHER'S MAIDEN NAME Loudema Sheeks		14. NAME OF HUSBAND OR WIFE Bertha Sturgeon	
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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) Yes World War I		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Bertha Sturgeon, Hopkins, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Chronic Nephritis		INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arterial Hypertension		2 yrs	
		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 592 X		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 **9/1 1954** to **5/8 1954**, that I last saw the deceased alive on **5/8 1954** and that death occurred at **12:50** m. from the causes and on the date stated above.

23a. SIGNATURE [Signature]		(Degree or title)		23b. ADDRESS Hopkins		23c. DATE SIGNED 5/10/54	
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24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE May 10, 1954		24c. NAME OF CEMETERY OR CREMATORY Hopkins		24d. LOCATION (City, town, or county) (State) Hopkins Mo.	
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DATE REC'D BY LOCAL REG. 5-22-54		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Hopkins, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 25 1964

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.

myself

Student Embalmer No. _____

Student _____
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.