

FILED DEC 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37620

State File No.

5203

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5203</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City,</u>		c. LENGTH OF STAY (in this place) <u>3 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City,</u>		8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hazelwood Nursing Home K.C.Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>3071 N. 32 St.</u>			
3. NAME OF DECEASED (Type or Print) <u>Nancy</u>		a. (First)		b. (Middle) _____		c. (Last) <u>Sturgeon</u>	
4. DATE OF DEATH <u>Nov. 9, 1954</u>		(Month) (Day) (Year)		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 17, 1871</u>		9. AGE (in years last birthday) <u>83</u>		IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Her Self</u>		11. BIRTHPLACE (State or foreign country) <u>Clark County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Corbin</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>William Marion Sturgeon</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ralph W. Lichtenberger K.C. Kansas</u>			
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage R</u>		ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last: <u>Cerebral Arteriosclerosis - yrs</u>				<u>1 Day</u>	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>0</u>					
		DUE TO (c) <u>0</u>					
		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>0</u>				<u>331 X</u>	
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION: _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>0</u>		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>10-16</u> <u>1953</u> , to <u>11-9</u> <u>1954</u> , that I last saw the deceased alive on <u>11-4</u> <u>1954</u> , and that death occurred at <u>12:00</u> <u>P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>P.C. Quistgaard, MD</u> (Degree or title)				23b. ADDRESS <u>6222 E. Jerome St. K.C.Mo.</u>		23c. DATE SIGNED <u>11-10-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-12-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Wichita, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>11-10-54</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S ADDRESS <u>Chternacht FUNERAL HOME 1318 QUINDARO BLVD. KANSAS CITY 2, KANSAS</u>			

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

Dr. B. C. Priestgard
6741 Prospect

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

Harold B. Colter

Licensed Embalmer No. 3035

P. O. Address Lawrence City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.