

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40424

FILED JAN 10 1955

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 9

295

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

| | | | | | |
|--|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Chilton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chilton</u> | | | |
| b. CITY OR TOWN <u>Cameron</u> | | c. CITY OR TOWN <u>Cameron</u> | | d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>510 West 5th St.</u> | | e. STREET ADDRESS (If rural, give location) <u>510 West 5th St. 0256</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Oakley</u> c. (Last) <u>Sturgis</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>12 25 54</u> | | | |
| 5. SEX <u>M.</u> 6. COLOR OR RACE <u>W.</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>OCT 22-1884</u> | |
| 9. AGE (In years last birthday) <u>70</u> | | 10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rail Road Slay HAD</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri, Caldwell</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> | | | |
| 13a. FATHER'S NAME <u>Ben. f Sturgis</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARTHA Green</u> | | 14. NAME OF HUSBAND OR WIFE <u>Ora Sturgis</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No.</u> | | 16. SOCIAL SECURITY NO. <u>No.</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Ora Sturgis</u> ADDRESS <u>Cameron 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic Hypertension</u> DUE TO (c) <u>Generalized arteriosclerosis 10 yrs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs</u> <u>6 yrs</u> <u>10 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) <u>4-201</u> | |
| 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>8-25</u> , 19 <u>49</u> , to <u>12-25</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>12-24</u> , 19 <u>54</u> , and that death occurred at <u>6 AM.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) <u>St. Wetherston MD</u> | | 23b. ADDRESS <u>Cameron Mo</u> | | 23c. DATE SIGNED <u>12-27-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12-28-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Greenland</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Cameron MO</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland Samuel Home</u> ADDRESS <u>Cameron Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>1-3-55</u> | | REGISTRAR'S SIGNATURE <u>Winifred W. Moore</u> | | 340-2 | |

6666 T. T. NINE

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.....
Signature of Student Embalmer

Signed *Robert F. Paland*.....

Licensed Embalmer No. *22*.....

P. O. Address *Cameron*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.