

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5126
892

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City	c. LENGTH OF STAY (In this place) 11 yrs.	c. CITY OR TOWN Kansas City	d. Is 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 Research Hospital		STREET ADDRESS (If rural, give location) 1829 East 67th St.	
3. NAME OF DECEASED (Type or Print) a. (First) MINERVA	b. (Middle) JANE	c. (Last) STURGEON	4. DATE OF DEATH (Month) (Day) (Year) Feb. 25, 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 23, 1866
9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Tiskilwa, Illinois
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME James I. Bloom		13b. MOTHER'S MAIDEN NAME Agnes Murray	14. NAME OF HUSBAND OR WIFE James George Sturgeon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Guy W. Wolrod, 1829 E. 67 St., K.C. Mo.	
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) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture Lt. Hip DUE TO (c) generalized Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 2 days 45 days yes.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E 9030			
19a. DATE OF OPERATION 1-11-55	19b. MAJOR FINDINGS OF OPERATION Intertrochanteric Fracture Lt Femur		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) Home	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) K.C. 123 Jackson Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 10 55 7a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Slipped & fell on floor	
22. I hereby certify that I attended the deceased from 1-10 1955 , to 2-25 1955 , that I last saw the deceased alive on 2-25 1955 , and that death occurred at 7:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Harold V. Zuber (Degree or title)		23b. ADDRESS m.v. 600 Prof. Bldg.	23c. DATE SIGNED 2-26-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 2-28-55	24c. NAME OF CEMETERY OR CREMATORY Newcomer's Crematory	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
DATE REC'D BY LOCAL REG. 2-26-55	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLORE UND. CO. K.C. MO.	

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

Dr. Harold V. Gubers
600 Proj. Bldg. (Removal)
Vi 1351

Exp. 7:00 PM

6th Floor -
3

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 *Roscoe J. Boye*

Licensed Embalmer No. *489*

P. O. Address *K.C. 9,*

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.