

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5526**

BIRTH NO. _____ REG. DIST. NO. **197** PRIMARY REG. DIST. NO. **5700** Registrar's No. **56**

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Bedford, Grand River		c. CITY Bedford OR TOWN Avalon Mail R#	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: Home, 1/2 Mile S.W. Bedford		e. STREET ADDRESS (If rural, give location) 0570	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) MATHEW c. (Last) STERLING			4. DATE OF DEATH (Month) (Day) (Year) Feb. 11, 1955		
5. SEX M	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 2, 1874	9. AGE (In years last birthday) 80	# UNDER 1 YEAR Months 11 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and State or Foreign Country) Alaganey Co. Penn.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Sterling	13b. MOTHER'S MAIDEN NAME Adaline Canning	14. NAME OF HUSBAND OR WIFE Martha (Simpson) Sterling
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. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Bertha Seek, Avalon, 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		INTERVAL BETWEEN ONSET AND DEATH 20 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES DUE TO (b) Hypertension DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
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 4201	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 **July, 1953**, to **2-11, 1955**, that I last saw the deceased alive on **1-31, 1955**, and that death occurred at **2:00** p.m., from the causes and on the date stated above.

23a. SIGNATURE M. Louie, J.D.	(Degree or title)	23b. ADDRESS Chiccothe, Mo	23c. DATE SIGNED 2/12/55
---	-------------------	--------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/13/1955	24c. NAME OF CEMETERY OR CREMATORY Avalon Cemetery	24d. LOCATION (City, town, or county) (State) Avalon, Missouri
DATE REC'D BY LOCAL REG. 2-12-55	REGISTRAR'S SIGNATURE Francis B. Neal	171-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clifford W. Austin, Tina, Missouri

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

MAY 25 1955

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 *Clifford W. Austin*

Licensed Embalmer No..... 323
P. O. Address..... Tina, Missouri

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.