

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11100

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 458

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph.</u>	c. LENGTH OF STAY (In this place) <u>29 yrs. 11m. 25d.</u>	c. CITY OR TOWN <u>St. Joe.</u>	d. Is 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 <u>State Hospital No. 2.</u>		e. STREET ADDRESS (If rural, give location) <u>0179</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BERT</u>	b. (Middle) <u>—</u>	c. (Last) <u>STURGEON.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-24-1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>7-7-1906</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Common labor.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Sturgeon</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
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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) <u>No.</u>	16. SOCIAL SECURITY NO. <u>none.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Sturgeon</u> ADDRESS <u>St. Joe, Missouri</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio-sclerotic heart disease and hypertensive cardio-vascular disease of greater circulation</u>		<u>4 mo.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>mental depression</u>			<u>since Birth</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4000</u>	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)
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 4-22-1954, to 4-29-1955, that I last saw the deceased alive on 4-28-1955, and that death occurred at 4:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Harrest Thomas</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>State Hospital No. 2, St. Joseph, Mo.</u>	23c. DATE SIGNED <u>4-29-1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>May 1, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kirksville School of Ostep.</u>	24d. LOCATION (City, town, or county) (State) <u>Kirkville Missouri</u>
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DATE REC'D BY LOCAL REG. <u>May 5, 1955</u>	REGISTRAR'S SIGNATURE <u>Eather M. Allison</u> <u>485</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stamey</u> ADDRESS <u>St. Joseph, Mo.</u>
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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 *Charles E. Bennett*

Licensed Embalmer No. *467*

P. O. Address *St Joseph*

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.