

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **714**

FILED JAN 10 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **74** PRIMARY REG. DIST. NO. **5293** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY <b>Clinton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clinton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Atchison Twp.</b>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Atchison Twp.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R.F.D. Gower Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>R.F.D. Gower Mo.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Clyde</b>	b. (Middle) <b>Robison</b>	c. (Last) <b>Sturgis</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 5 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Dec 19 1881</b>	9. AGE (In years last birthday) Months Days Hours Min. <b>74 0 16</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>LAWSON MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Clay H. Sturgis</b>	13b. MOTHER'S MAIDEN NAME <b>MARIALA ROBINSON</b>	14. NAME OF HUSBAND OR WIFE <b>ANNA J. STURGIS</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>494-40-8492</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. ANNA STURGIS R.F.D. GOWER MO.</b>	ADDRESS <b>R.F.D. GOWER MO.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hyertension</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>331K</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from **Jan 2, 1956**, to **Jan 5, 1956**, that I last saw the deceased alive on **Jan 5, 1956** and that death occurred at **5 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>M.B. Shaldenia</b>	(Degree or title)	23b. ADDRESS <b>Plattsburg Mo</b>	23c. DATE SIGNED <b>Jan 5 56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>1-7-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>PRAIRIE RIDGE</b>	24d. LOCATION (City, town, or county) (State) <b>Caldwell County Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Jan 7-56</b>	REGISTRAR'S SIGNATURE <b>Elizabeth Search</b>	441	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. W. Lyon</b>	ADDRESS <b>Plattsburg, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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

*Phillips E. Cox*

Student Embalmer No.

*518*

working under my personal supervision.

Student

*Phillips E. Cox*  
Student Embalmer

Signed

*Daniel D. Lyon*

Licensed Embalmer No.

*3640*

P. O. Address

*Plattsburg, MO*

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