

41928

FILED DEC 20 1956

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI. b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBB CITY		c. CITY OR TOWN WEBB CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JANE CHINN		d. STREET ADDRESS 1122 MINERAL	
Length of stay in 1b 9 DAYS		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MIDDLE Last CARRIE LENA STURGES			4. DATE OF DEATH Month Day Year DECEMBER 9, 1956		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 19, 1888	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) APPLETON CITY, MO	
13. FATHER'S NAME PETER KELCH			14. MOTHER'S MAIDEN NAME CLARA BELL YOUNG		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT MRS MELTON RHINE Address INDIANAPOLIS, IND.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 9 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis			Unknown
DUE TO (c)			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Chronic myocarditis, diabetes mellitus			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION WEBB CITY, MISSOURI	COUNTY JASPER	STATE MO.
21. I attended the deceased from 11/29/56 to 12/9/56 and last saw her alive on 12/9/56 Death occurred at 4:20 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE Wm. Wells		22b. ADDRESS 202 Webb City, Missouri		22c. DATE SIGNED 12/10/56

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12/11/56	23c. NAME OF CEMETERY OR CREMATORY CARTERVILLE	23d. LOCATION (City, town, or county) CARTERVILLE, MO.	(State) MO.
24. FUNERAL DIRECTOR HEDGE-LEWIS FUNERAL HOME	ADDRESS WEBB CITY, MO	25. DATE RECD. BY LOCAL REG. 12-10-56	26. REGISTRAR'S SIGNATURE Mrs. Madeline Sitzer	

(Licensed Embalmer's Statement on Reverse Side)

Use only black ink or ribbon typewrite if possible. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

Jasper County Health Officer
County File Number 56-12-992
Date Filed DEC 1 1966

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 *Richard Gray*
.....

Licensed Embalmer No. *444*

P. O. Address *Wells*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
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.