

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15856**

FILED APR 26 1957

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 73	
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Stoddard			
b. CITY OR TOWN Sikes Tan, Mo		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Essex		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 Enroute to Hospital				e. STREET ADDRESS (If rural, give location) R.F.D. #1			
3. NAME OF DECEASED (Type or Print) a. (First) Lula		b. (Middle) Esther		c. (Last) Sturgeon		4. DATE OF DEATH (Month) (Day) (Year) April 13, 1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 26, 1920	
9. AGE (In years last birthday) 37		IF UNDER 1 YEAR Months 1 Days 17		IF UNDER 24 HRS. Hours 17 Min. _____		11. BIRTHPLACE (City and State or Foreign Country) Bollinger County, Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY _____			
11. CITIZEN OF WHAT COUNTRY? U. S. A.		12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME Jesse Angle		13b. MOTHER'S MAIDEN NAME Emma Lou Limbaugh	
14. NAME OF HUSBAND OR WIFE Raymond D. 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 Raymond D. Sturgeon ADDRESS Essex, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH ± 15 Min.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Essex RR crossing		21c. (CITY, TOWN, OR TOWNSHIP) Essex (COUNTY) Stoddard (STATE) Mo		21f. HOW DID INJURY OCCUR? Engine of train struck car. Deceased thrown from car.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 13, 1957 6:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from first after death, call after death, 19 57 , that I last saw the deceased alive on _____, 19 _____, and that death occurred at 6:45 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Lula C. Buchholz, M.D. Health Officer				23b. ADDRESS Benton, Mo		23c. DATE SIGNED 4-16-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-16-57		24c. NAME OF CEMETERY OR CREMATORY Baker		24d. LOCATION (City, town, or county) (State) Lutesville, Mo.	
DATE REC'D BY LOCAL REG. 4-17-57		REGISTRAR'S SIGNATURE Mrs. Ellen Hunter		25. FUNERAL DIRECTOR'S SIGNATURE Strickland-Rainey ADDRESS Dexter, Mo.			

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

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DATE RECEIVED APR 22 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 457-82

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.....
Signature of Licensed Embalmer

Licensed Embalmer No. 1983

P. O. Address Septon, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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