

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15922

STATE FILE NUMBER

FILED MAY - 9 1957

Registration District No. 354

Primary Registration District No. 4521

Registrar's No. 25

1. PLACE OF DEATH a. COUNTY TEXAS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY TEXAS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HOUSTON			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN HOUSTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 10	
3. NAME OF DECEASED (Type or print) First Lulu Middle Sturgeon Last Gladden				4. DATE OF DEATH Month Apr. Day 22 Year 1957			
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 Dec. 31, 1878		9. AGE (In years (last birthday)) 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Beulah Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME William Z. Sturgeon				14. MOTHER'S MAIDEN NAME Martha Via			
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 Sturgeon Gladden - Houston, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) 4200 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) Essential hypertension, Generalized arteriosclerosis						INTERVAL BETWEEN ONSET AND DEATH 4 hrs. 25 yrs.	
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 _____ a. m. _____ p. m. Month _____ Day _____ Year _____			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____		
21. I attended the deceased from 4-22-57 to 4-22-57 and last saw her ^{him} alive on 4-22-57 Death occurred at 5:45 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Name or title) Frank G. Elders, M.D.			22b. ADDRESS Houston Missouri		22c. DATE SIGNED 4-24-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-25-57	23c. NAME OF CEMETERY OR CREMATORY Old Success		23d. LOCATION (City, town, or county) (State) Texas County, Missouri			
24. FUNERAL DIRECTOR Elliott Funeral Home - Houston, Mo.			25. DATE RECD. BY LOCAL REG. May. 8 - 57		26. REGISTRAR'S SIGNATURE Myrtle Craig		

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

securing the medical certificate in the specimen form.

327-0

MAY 22 1957

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 *Frank E. Hood*

Licensed Embalmer No. *402*

P. O. Address *Houston,*

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.