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

FILED OCT 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35144
STATE FILE NUMBER

Registration District No. 70 Primary Registration District No. 5286 Registrar's No. 57

1. PLACE OF DEATH
a. COUNTY Clark
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wyaconda — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b 25 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clark
c. CITY OR TOWN Wyaconda — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First William Middle Richard Last Sturgeon
4. DATE OF DEATH Month Oct. Day 8 Year 1957
5. SEX M
6. COLOR OR RACE W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 29, 1896
9. AGE (In years last birthday) 61 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Clark County, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Cornelius A. Sturgeon
14. MOTHER'S MAIDEN NAME Etta How
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W. W. # 1
16. SOCIAL SECURITY NO. 486-38-6331
17. INFORMANT E. E. Sturgeon Address Wyaconda, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Jan 50, to Oct 8-57 and last saw her/him alive on Oct 8-57
Death occurred at 5:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE B. F. Hutchinson (Degree or title) D.O.
22b. ADDRESS Wyaconda, Mo.
22c. DATE SIGNED 10/13/57
23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 10/10/57
23c. NAME OF CEMETERY OR CREMATORY Memphis
23d. LOCATION (City, town, or county) Memphis, (State) Missouri
24. FUNERAL DIRECTOR Gentry + Barkett ADDRESS
25. DATE RECD. BY LOCAL REG. 10/16-57
26. REGISTRAR'S SIGNATURE J. C. Briggs

(Licensed Embalmer's Statement on Reverse Side)

1-0

OCT 28 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Fred Gerst

Licensed Embalmer No. 42

P. O. Address Memphis

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