

STANDARD CERTIFICATE OF DEATH

FILED NOV 26 1957

41672  
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 359

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Route # 1 St. Francois</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Farmington, Mo., Rt. # 1</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" 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)			<b>0 8 1/2 on Farm</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>A.</b> Last <b>Sturgeon</b>				4. DATE OF DEATH Month <b>November</b> Day <b>17</b> Year <b>1957</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>April 2, 1894</b>		9. AGE (In years last birthday) <b>63</b> IF UNDER 1 YEAR Months <b>7</b> Days <b>15</b> Hours <b></b> Min. <b></b> IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm Hand</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>State Hosp. # 4</b>	11. BIRTHPLACE (City and state or country) <b>Scott Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Ransom Sturgeon</b>				14. MOTHER'S MAIDEN NAME <b>Victoria Stephens</b>			
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>702-07-9669</b>		17. INFORMANT Address <b>Lulu May Sturgeon Farmington, Missouri</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Circulatory Failure</b> DUE TO (b) <b>Coronary Thrombosis &amp; Myocardial Infarction</b> DUE TO (c) <b>Arteriosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <b>4 20 1</b>						INTERVAL BETWEEN ONSET AND DEATH. <b>30 min</b> <b>30 min</b> <b>unknown</b>	
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 <b></b> Month <b></b> Day <b></b> Year <b></b> a. m. <b></b> p. m. <b></b>							
20d. INJURY OCCURRED WHILE AT <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		COUNTY STATE	
21. I attended the deceased from <b>1956</b> to <b>Nov 1957</b> and last saw <sup>her</sup> him alive on <b>11-16-57</b> Death occurred at <b>8:00 pm</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Dwice or title) <b>M. Kulse D.O.</b>				22b. ADDRESS <b>Farmington Mo.</b>		22c. DATE SIGNED <b>11-18-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>11/20/57</b>	23c. NAME OF CEMETERY OR CREMATOR <b>Smith Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Farmington, Missouri</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Miller Funeral Home Farmington, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>Nov. 18, 1957</b>		26. REGISTRAR'S SIGNATURE <b>Esther Rudloff</b>		

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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 *Red J. Miller* .....

Licensed Embalmer No. *373*

P. O. Address *Farming*

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.