

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44734
STATE FILE NUMBER

JAN 2 1958

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 234

| | | | |
|---|-----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PRAIRIE TOWNSHIP | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN RURAL |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R. # 3 HICKMAN MILLS | | Length of stay in 1b 11 YEARS | d. STREET ADDRESS (If outside, give location) R.R. # 3 HICKMAN MILLS |
| 3. NAME OF DECEASED (Type or print) First Middle Last RALPH EMERY STURGEON | | | 4. DATE OF DEATH Month Day Year DEC. 23. 1957 |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH JULY. 21. 1903 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ENVELOPE CUTTER | | 10b. KIND OF BUSINESS OR INDUSTRY HANSON ENVELOPE CO. | 11. BIRTHPLACE (City and state or country) IRVING, ILLINOIS |
| 13a. FATHER'S NAME UNKNOWN STURGEON | | 13b. MOTHER'S MAIDEN NAME NORA L. LYNCH | 14. NAME OF HUSBAND OR WIFE MRS. HELEN 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. 491-09-7987 | 17. INFORMANT Address R. R. # 3 HICKMAN MILLS 34 MO MRS. HELEN STURGEON |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bacterial pneumonia | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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) | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 COUNTY STATE |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>Dr. Fred J. ...</i> | | 22b. ADDRESS 6627 ... | 22c. DATE SIGNED 12-23-57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE DEC. 26. 1957 | 23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY | 23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI |
| 24. FUNERAL DIRECTOR DW NEWCOMER'S SONS | | ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO. | 25. DATE RECD. BY LOCAL REG. 12/26/57 |
| | | | 26. REGISTRAR'S SIGNATURE <i>W.B. Langford</i> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *James W. I. Linn*

Licensed Embalmer No. *4889*

P. O. Address *11. C., 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.