pt. Health,
., & Welfare
S. Public
lth Service

7. S. 300
ev. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

46370
STATE FILE NUMBER

FILED DEC 20 1957 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11864

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN ST. LOUIS, MISSOURI — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) BARNES HOSPITAL — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dunklin
c. CITY OR TOWN Kennett — Inside Limits Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location) 311 S. Vandeventer — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First: QUINCE Middle: NMN Last: STURGIS
4. DATE OF DEATH Month, Day, Year: DECEMBER 6, 1957
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: April 18, 1882
9. AGE (In years last birthday): 75 — 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
10b. KIND OF BUSINESS OR INDUSTRY: R. Railroad Co.
11. BIRTHPLACE (City and state or country): Albany, Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: James Sturgis
13b. MOTHER'S MAIDEN NAME: Elizabeth Luttrell
14. NAME OF HUSBAND OR WIFE: --
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 715-10-4240
17. INFORMANT: Charles P. Sturgis, 3742 Vernon NW, Canton, Ohio (Address)

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) BRONCHOGENIC CARCINOMA OF LEFT LUNG WITH INVASION OF THORACIC AORTA — INTERVAL BETWEEN ONSET AND DEATH: 1 YEAR
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 162x
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 [ ] NO [X]
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 NOV. 26, 1957, to DEC. 6, 1957 and last saw her/him alive on DEC. 6, 1957
Death occurred at 9:25 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) G. P. Vermillion, M.D. M. D.
22b. ADDRESS BARNES HOSPITAL
22c. DATE SIGNED 12/6/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 12-7-57
23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery
23d. LOCATION (City, town, or county) (State) Kennett, Missouri
24. FUNERAL DIRECTOR Albert H. Hoppe, ADDRESS 4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG. DEC 10 57
26. REGISTRAR'S SIGNATURE J. Earl Smith MD
(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

JAN 9 1958

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 John J. Haines

Licensed Embalmer No. 4108

P. O. Address [illegible]

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.