

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 33

Primary Registration District No. 2009

Registrar's No. 118

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jackson,</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Cape Girardeau</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Deal Nursing Home</b>			Length of stay in lb <b>4 yrs.</b>		d. STREET ADDRESS (If outside, give location) <b>1505 Themis Street</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>IDA</b> Middle <b>LOIS</b> Last <b>STURGEON</b>				4. DATE OF DEATH Month <b>January</b> Day <b>11</b> Year <b>1958</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>March 13, 1868</b>		9. AGE (In years, IF UNDER 1 YEAR, IF UNDER 24 HRS. last birthday) Months <b>89</b> Days <b>9</b> Hours <b>28</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Librarian</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Public Library</b>		11. BIRTHPLACE (City and state or country) <b>Macomb, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		
13a. FATHER'S NAME <b>William Andrews</b>			13b. MOTHER'S MAIDEN NAME <b>Rowena McCormick</b>			14. NAME OF HUSBAND OR WIFE <b>Alfred Edward Sturgeon</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>No</b>		17. INFORMANT Address <b>Mrs. Herbert E. Karr Cape Gir., Mo.</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>Cerebrovascular Accident</b>							INTERVAL BETWEEN ONSET AND DEATH <b>One month</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Cerebral Arteriosclerosis 331XF</b>				<b>5 years</b>			
		DUE TO (c) <b>Generalized Arteriosclerosis</b>				<b>5 years</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Intertrochanteric fracture R. hip 12-13-57</b>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 & PART II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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>12-13-57</b> and last saw her/him alive on <b>1-1-58</b> Death occurred at <b>6:10 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>N. O. Z. Seaburg, M.D.</b> (Degree or title)				22b. ADDRESS <b>24 N. Sprigg Cape Gir., Mo</b>				22c. DATE SIGNED <b>1-11-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Jan. 13, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oakwood Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Macomb, Illinois</b>			
24. FUNERAL DIRECTOR <b>Walker's Funeral Home</b>			ADDRESS <b>Cape Gir., Mo.</b>		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE		

Jan 2 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 *Virgil H. Welch* .....

Licensed Embalmer No. *4102* .....

P. O. Address *Cape Girardeau* .....

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.