

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012873
State File No.

FILED APR 11 1958

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 4492 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give township) ORAN		c. CITY (If outside corporate limits, write RURAL and give township) ORAN	
c. LENGTH OF STAY (In this place) 43yrs.		d. STREET ADDRESS (If rural, give location) ORAN	
d. FULL NAME OF HOSPITAL OR INSTITUTION ORAN			

3. NAME OF DECEASED (Type or Print)	a. (First) ARTHUR	b. (Middle) L.	c. (Last) STURGEON	4. DATE OF DEATH (Month) (Day) (Year) MARCH 19 1958
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3	8. DATE OF BIRTH DEC. 1 1887	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min. 70
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Blacksmith	10b. KIND OF BUSINESS OR INDUSTRY Blacksmith Shop	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME E. R. STURGEON	13b. MOTHER'S MAIDEN NAME ADALINE PERKINS	14. NAME OF HUSBAND OR WIFE
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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. 488-18-2400	17. INFORMANT'S SIGNATURE OR NAME FRED STURGEON	ADDRESS ORAN, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 3 weeks 4 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Acute Glomerular Nephritis		
	DUE TO (b)		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 590X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1 Dec, 1957, to 19 Mar, 1958, that I last saw the deceased alive on 19 Mar, 1958, and that death occurred at 8:45A m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) MD	23b. ADDRESS Shaffer Mo	23c. DATE SIGNED 31 Mar 58
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAR. 21 1958	24c. NAME OF CEMETERY OR CREMATORY FRIEND	24d. LOCATION (City, town, or county) (State) ORAN MO.
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DATE REC'D BY LOCAL REG. 4-4-58	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS ORAN, MO.
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED APR 8 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 458-90

APR 17 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

Earl J. Smith

Licensed Embalmer No. 2676

P. O. Address. Oxon, 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 this body is not embalmed, fact should be so stated above.