

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039612

STATE FILE NUMBER

FILED NOV 17 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1080

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Greene		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 926 E. Walnut		Length of stay in lb 2 yrs.	d. STREET ADDRESS 926 E. Walnut		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) CHARLES ALLEN STURGIS			4. DATE OF DEATH Nov. 8, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 26, 1956		9. AGE (In years last birthday) 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant		11. BIRTHPLACE (City and state or country) Richmond, Virginia	
10c. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Charles Sturgis		13b. MOTHER'S MAIDEN NAME Betty Ann Spielman	
13c. NAME OF HUSBAND OR WIFE none		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. none	
17. INFORMANT Mr. Charles Sturgis Springfield, Mo		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PROBABLE SUFFOCATION		INTERVAL BETWEEN ONSET AND DEATH R	
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. DUE TO (b) SEE 206		DUE TO (c) 9160 16		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) THE BEDROOM IN WHICH HE WAS ASLEEP BURNED. FIRE SEEMED TO COME FROM RADIANT (GAS) IN ROOM, SPREADING TO WALL AND CEILING. HE WAS NO DOUBT SUFFOCATED THEN BURNED WHILE IN HIS BED ASLEEP	
20c. TIME OF INJURY APPROX 7:30 a.m. Nov. 8, 1958		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		20f. CITY, TOWN, OR LOCATION SPRINGFIELD GREENE MISSOURI	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK		21. I attended the deceased from Death occurred at APPROX 9:30 A. to Nov. 8, 1958 and last saw him alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 8 Nov 1958	
22. SIGNATURE Ralph Thieme		22b. ADDRESS Springfield, Missouri		22a. COUNTY Greene	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 10, 1958		23c. NAME OF CEMETERY OR CREMATORY White Chapel	
23d. LOCATION (City, town, or county) Springfield, Mo.		24. FUNERAL DIRECTOR Ralph Thieme Springfield, Mo. LM		25. DATE RECD. BY LOCAL REG. 11-10-58	
26. REGISTRAR'S SIGNATURE Effie G. Melton					

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

Not Embalmed

Student _____
Signature of Student Embalmer

Signed *Lee Mason*

Licensed Embalmer No. 4568
P. O. Address Springfield, 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.