

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005373
STATE FILE NUMBER

FILED MAR 4 1959 Registration District No. **144** Primary Registration District No. **5562** Registrar's No. **19**

300
1-57

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Arcadia		c. CITY OR TOWN Rural-Arcadia ^{a 470 c}	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION The Home for Aged Baptists		d. STREET ADDRESS (If outside, give location) 1 1/2 mi. E. on Hwy. 70	
3. NAME OF DECEASED (Type or print) Claudia Sterling		4. DATE OF DEATH Month Feb. Day 17, Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 7, 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Gowan, Michigan
13a. FATHER'S NAME George DeCamp		13b. MOTHER'S MAIDEN NAME Mary C. Post	14. NAME OF HUSBAND OR WIFE Charles M. Sterling
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 Dolores Weiss, Tronton, 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) Coronary occlusion. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) Arteriosclerotic heart disease.			INTERVAL BETWEEN ONSET AND DEATH 3 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 42cc			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 or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ 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 7-1-57 , to 2-17-59 and last saw ^{her} _{him} alive on 2-14-59 Death occurred at 1:50 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Marvin C. Blunne, MD		22b. ADDRESS 109 N. Main, Tronton, Missouri	
22c. DATE SIGNED 2-17-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 20, 1959	23c. NAME OF CEMETERY OR CREMATORY BAPTIST HOME CEMETERY	23d. LOCATION (City, town, or county) (State) Rural Arcadia
24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Tronton, Mo		25. DATE RECD. BY LOCAL REG. 2-20-59	26. REGISTRAR'S SIGNATURE Ma Aris Jones

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 MAX N. WHITE, Student Embalmer No. 561
working under my personal supervision.

Student Max N. White
Signature of Student Embalmer

Signed Max N. White

Licensed Embalmer No. 3012

P. O. Address Trenton, N.J.

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.