

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006015

STATE FILE NUMBER

FILED MAR 10 1959

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 105

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, give TOWNSHIP only) Independence			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cable Rest Home 1500 N. Liberty			Length of stay in lb 65 yrs.	d. STREET ADDRESS 422 W. Farmer		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First HARRY Middle N.M.I. Last STURGES				4. DATE OF DEATH Month March Day 1 Year 1959				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 2, 1867		9. AGE (In years last birthday) 92	F UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Jeweler			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Birmingham, England		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph R. Sturges			13b. MOTHER'S MAIDEN NAME Mary Taylor			14. NAME OF HUSBAND OR WIFE Grace Sturges, dec.		
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. 497-36-6463A		17. INFORMANT Mr. Albert Sturges Address Independence, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Occlusion						INTERVAL BETWEEN ONSET AND DEATH 24 hours		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
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 <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.) 332X					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 November 1958 to Feb. 1959 , and last saw ^{her} him alive on Feb 1, 1959 . Death occurred at 11:00 a.m. Mar 1 1959 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Robert Moore M.D.				22b. ADDRESS 4015 E. 44th		22c. DATE SIGNED 3-1-1959		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar. 3, 1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Washington		23d. LOCATION (City, town, or country) (State) Kansas City, Missouri			
24. FUNERAL DIRECTOR OTT & MITCHELL, Indep., Mo.				25. DATE RECD. BY LOCAL REG. 3-3-59		26. REGISTRAR'S SIGNATURE James Sturges		

All diseases in Part I must be causally related. Never, however, the cause of death may be only a remote antecedent to the death. No symptoms written or listed.

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 *Jason T White*

Licensed Embalmer No. *4925*

P. O. Address *Indep*

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.