

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013909

FILED VS MAR 16 1960

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 27

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Houston</u>		c. CITY OR TOWN <u>Houston</u>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION <u>Texas County Memorial</u>		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>E</u> Last <u>STURGILL</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>18</u> Year <u>1960</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>Whit</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/27/1885</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and state or country) <u>Scott County Virginia</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>James Sturgill</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Percy</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Sarah Coaster - Houston Mo</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	

IMMEDIATE CAUSE (a) <u>myocardial infarct</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
DUE TO (b) <u>myocardial infarction</u>		
DUE TO (c) <u>thromboses coronary artery</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u>-</u> a.m. <u>-</u> p.m.	Month, Day, Year		
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 Feb. 6, 1960 to Feb. 18, 1960 and last saw him alive on Feb. 18, 1960
Death occurred at 7:45 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Paul H. Berkner M. D.</u>	(Degree or title)	22b. ADDRESS <u>Houston, Missouri</u>	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/20/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hickory Ridge</u>	23d. LOCATION (City, town, or county) (State) <u>Near Upton Mo</u>

24. FUNERAL DIRECTOR <u>L. F. Evans Houston Mo</u>	ADDRESS <u>Houston Mo</u>	25. DATE REC'D BY LOCAL REG. <u>3-12-60</u>	26. REGISTRAR'S SIGNATURE <u>Murrie Craig</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Levell C. Gray*

Licensed Embalmer No. 4766

P. O. Address *Mt. So*

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.