

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 9 1960

=60-017998

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 6094 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <b>Saline</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Blackwater Township</b>		Length of stay in 1b <b>13 yrs.</b>		c. CITY OR TOWN <b>Blackwater Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>18 M SE Marshall</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>18M SE Marshall</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>OTTO</b> Middle <b>NICHOLAS</b> Last <b>STURM</b>				4. DATE OF DEATH Month <b>April</b> Day <b>29</b> Year <b>1960</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>9-26-1888</b>	9. AGE (last birthday) <b>71</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>storekeeper</b>		11. BIRTHPLACE (City and state or country) <b>St. Joseph, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>John Sturm</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Conray Sturm</b>			14. NAME OF HUSBAND OR WIFE <b>Helen E. Sturm</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>X</b>		17. INFORMANT Address <b>493-38-4752 Mrs. Helen Sturm R2 Nelson, Mo</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b>							INTERVAL BETWEEN ONSET AND DEATH <b>instantly</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Cerebral arterio sclerosis</b>					<b>8 yr +</b>	
		DUE TO (c) <b>moderate hypertension</b>					<b>6 yr</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>hypertension, arteriosclerosis</b>						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 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. 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 <b>4/27/60</b> to <b>4/29/60</b> and last saw <sup>her</sup> him alive on <b>4/27/60</b> Death occurred at <b>5:00 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Helen E. Nelson, M.D.</b>				22b. ADDRESS <b>Marshall, Missouri</b>			22c. DATE SIGNED <b>4/30/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>5-2-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Marshall, Missouri</b>			
24. FUNERAL DIRECTOR <b>Sweeney-Reser Funeral Home, Marshall 5-2-60</b>				25. DATE RECD. BY LOCAL REG. <b>5-2-60</b>		26. REGISTRAR'S SIGNATURE <b>Carl G. Reed</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 18 1980

**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 Jack M. Reese

Licensed Embalmer No. 4643

P. O. Address Missouri

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.