

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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NDED

-60-018081
STATE FILE NUMBER

Registration District No. 353 Primary Registration District No. 6196 Registrar's No. 12

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>Sherrill township</u>		Length of stay in 1b <u>Life</u>		c. CITY OR TOWN <u>Licking</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If outside, give location) <u>North of Licking on Hwy 63</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Everett</u> Last <u>Sturgeon</u>				4. DATE OF DEATH Month <u>4</u> Day <u>28</u> Year <u>1960</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4-1-1885</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 24 HR Hours <u></u> Min. <u></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>Texas, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>Thos. J. Sturgeon</u>			13b. MOTHER'S MAIDEN NAME <u>Mary B. Cow</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Sturgeon</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>491-42959</u>		17. INFORMANT <u>Mrs. J. E. Sturgeon Licking Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac + pulmonary arrest</u> DUE TO (b) <u>Coronary thrombosis</u> DUE TO (c) <u>with occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</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 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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>7:30</u> and last saw her <u>P.</u> alive on <u></u> Death occurred at <u>7:30</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>B. J. Myers D.D.</u> (Degree or title)				22b. ADDRESS <u>Licking Mo</u>		22c. DATE SIGNED <u>5-2-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 1, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Beech Carr.</u>		23d. LOCATION (City, town, or county) (State) <u>Chillicothe Mo</u>		
24. FUNERAL DIRECTOR <u>Smith-Arthurson Licking Mo</u>				25. DATE RECD. BY LOCAL REG. <u>May 3, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Elvora E. Hesse</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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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 Robert E. Ferguson

Licensed Embalmer No. 294

P. O. Address Richmond

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.