

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016505
STATE FILE NUMBER

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 25

AMENDED

FILED JUN 13 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Centralia		c. CITY OR TOWN Centralia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 216 South Hickman		d. STREET ADDRESS (If outside, give location) 216 South Hickman	
3. NAME OF DECEASED (Type or print) First Andrew Middle Jackson Last Sturgeon		4. DATE OF DEATH Month June Day 8 Year 1961	
5. SEX Male	6. COLOR OR RACE Caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/17/83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		11. BIRTHPLACE (City and state or country) Centralia, Mo.	
10b. KIND OF BUSINESS OR INDUSTRY Restaurant & Hotel		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Shelby Jackson Sturgeon		13b. MOTHER'S MAIDEN NAME Susan Marshall	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		17. INFORMANT Address Paul D. Sturgeon, Centralia, 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 artery occlusion			INTERVAL BETWEEN ONSET AND DEATH acutely
DUE TO (b) arteriolar nephrosclerosis with uremia. sev. years and secondary anemia and hypertensive cardio-vascular disease and arteriosclerotic heart disease			
DUE TO (c) vascular disease and arteriosclerotic heart disease			
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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	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 10-29-58 to 6-6-61 and last saw her/him alive on 6-6-61 . Death occurred at 9:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) Robt L. Ward, M.D.		22b. ADDRESS Centralia, Missouri	
22c. DATE SIGNED 6-8-61			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE June 11, '61	23c. LOCATION (City, town, or county) (State) Centralia, Missouri	
24. FUNERAL DIRECTOR ADDRESS Bird & Meade Centralia, Missouri		25. DATE RECD. BY LOCAL REG. June 10 - 1961	
		26. REGISTRAR'S SIGNATURE Maud Mc Bride	

(Licensed Embalmer's Statement on Reverse Side)

JUN 14 1961

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

Bill J. Meador

Licensed Embalmer No. 4876

P. O. Address Centerville, Mass

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.