

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-011853

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 187 Primary Registration District No. 4304 Registrar's No. 72

**FILED APR 10 1962**

1. PLACE OF DEATH  
 a. COUNTY Livingston  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ludlow Length of stay in this city or town 15yrs  
 c. CITY OR TOWN Ludlow Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Own home Reside on Farm Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Livingston  
 c. CITY OR TOWN Ludlow Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Own home Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last AUGUST WILLIAM STURWALT  
 4. DATE OF DEATH Month Day Year Mar. 30, 1962

5. SEX male 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH May 21, 1885 9. AGE (last birthday) 76yrs  
 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) Farmer  
 10b. KIND OF BUSINESS OR INDUSTRY ---  
 11. BIRTHPLACE (City and state or country) Germany  
 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William Sturwalt 13b. MOTHER'S MAIDEN NAME Minnie Denker 14. NAME OF HUSBAND OR WIFE Verna M. Sturwalt

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. [redacted] 17. INFORMANT Address Ludlow, Mo  
Mrs Verna M. Sturwalt

18. CAUSE OF DEATH (Enter only one cause per line)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 3 hrs  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of lung 2 wks  
 DUE TO (c) \_\_\_\_\_

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.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO   
 20a. ACCIDENT  SUICIDE  HOMICIDE   
 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  NOT WHILE AT WORK   
 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 Mar. 15, 62 to Mar. 30, 62 and last saw him alive on Mar. 30-62  
 Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph G. Conrad MD 22b. ADDRESS Chillicothe, Mo 22c. DATE SIGNED 3-31-62

23. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4-1-62 23c. NAME OF CEMETERY OR CREMATORY Monroe Center Cem. 23d. LOCATION (City, town, or county) (State) Ludlow, Mo

24. FUNERAL DIRECTOR Mead-Pitts ADDRESS Braymer, Mo 25. DATE RECD. BY LOCAL REG. Mar 31, 1962 26. REGISTRAR'S SIGNATURE Annalee Taylor

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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 Bernard J Mead

Licensed Embalmer No. 2801

P. O. Address Braymer, Mo

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.