

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025152

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 274 Primary Registration District No. 3046 Registrar's No. 32

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
AMENDED

FILED JUN 21 1963

VS 300 Rev. 4/59	DATE AMENDED
1 <u>0681</u>	
2 <u>0681</u>	
3 <u>2</u>	
4 <u>1</u>	
5 <u>2</u>	
6	
7 <u>0</u>	
8 <u>0</u>	
9 <u>332X</u>	
10	
11	
12 <u>1-0</u>	
13 <u>1-0</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Californal</u>		Length of stay in 1b <u>12 Yrs.</u>	c. CITY OR TOWN <u>California</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Latham Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>810 S. Oak, St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>GRACE</u> Middle <u>ALICE</u> Last <u>STERLING</u>			4. DATE OF DEATH Month <u>June</u> Day <u>10</u> Year <u>1963</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/12/1893</u>
9. AGE (last birthday) <u>70</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>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Moniteau Co., Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>William H. Gist</u>	
13b. MOTHER'S MAIDEN NAME <u>Mathilda Gist</u>		14. NAME OF HUSBAND OR WIFE <u>David Alger Sterling (dec.)</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> </u>	
17. INFORMANT <u>Ray A. Sterling, California, Mo.</u>		Address	
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>Cerebral Thrombosis</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>10+ years</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> 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 <u>California, Moniteau Mo</u>	
21. I attended the deceased from <u>6-1-63</u> to <u>6-10-63</u> and last saw her/him alive on <u>6-10-63</u> Death occurred at <u>9:35 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R.S. Fulker, M.D.</u> (Degree or title)		22b. ADDRESS <u>California, Mo.</u>	
22c. DATE SIGNED <u>6-11-63</u>		22d. LOCATION (City, town, or county) (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 12, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Latham Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Latham Mo</u>
24. FUNERAL DIRECTOR <u>Hugh E. Williams, California, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-12-63</u>	26. REGISTRAR'S SIGNATURE <u>Alex L. Popejoy</u>

USE BLACK INK OR TYPEWRITER RIBBON

Fulker

JUN 24 1963

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

Russell C. Mag

Licensed Embalmer No. 4804

P. O. Address California, 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.