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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33634

FILED OCT 20 1947

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 96

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Cassville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barry County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) few hours

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lee Rue Sturgell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Gertude Sturgell

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased December 3, 1884 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	8	13	hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name A. H. Sturgell
13. Birthplace Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Alberta
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gertude Sturgell

(b) Address Cassville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-17-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cemetery

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville, Missouri

19. (a) Sept 20-1947 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16 year 1947 hour 6:45 minute A. M.

21. I hereby certify that I attended the deceased from August 15, 1947, to August 16, 1947; that I last saw him alive on August 16, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Basal fracture of skull	10 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
Fell from truck he was riding

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence August 15, 1947

(c) Where did injury occur? near Cassville (City or town) Barry (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? highway (Specify type of place)

While at work? No (e) Means of injury automobile

23. Signature [signature] (M. D. or other) M.D.

Address Cassville, Missouri Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1049-1059
Date Filed OCT 20 1947

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 W. H. Elkins, Registered Apprentice No. 495, working under my personal supervision.

Signed G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville

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 this body is not embalmed, fact should be so stated above.