

FILED MAY 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12706

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1723

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 6		d. STREET ADDRESS (If rural, give location) 3200 NOREDGE	
d. FULL NAME OF HOSPITAL OR INSTITUTION: HOME (K.C. CONV.)			

3. NAME OF DECEASED (Type or Print)	a. (First) CHARLES	b. (Middle) H.	c. (Last) STERLING	4. DATE OF DEATH (Month) (Day) (Year) 4 / 15 / 49
--	---------------------------	-----------------------	---------------------------	--

5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) WID	8. DATE OF BIRTH DEC. 5, 1864	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 4 Days 10	IF UNDER 2 HRS. Hours 1 Min. 0
--------------------	-------------------------------	--	--------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY STOCKYARDS	11. BIRTHPLACE (State or foreign country) J.P.A. Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	--	--

13a. FATHER'S NAME Wm. Sterling	13b. MOTHER'S MAIDEN NAME MALISSA LYNN	14. NAME OF HUSBAND OR WIFE LUCY Y. STERLING
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME PAUL W. STERLING	ADDRESS 5215 Brookwood
---	-----------------------------------	---	-------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* a) Arteriosclerotic Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. b) Buerger's Disease		
DUE TO (b)			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **Jan 15, 1947** to **Apr. 15, 1949**; that I last saw the deceased alive on **April 11, 1949**, and that death occurred at **6:50 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Paul E. Pearson	23b. ADDRESS 1025 Ruelle Bldg K.C. Mo	23c. DATE SIGNED 4/18/49
---------------------------------------	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/18/49	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. 4-18-49	REGISTRAR'S SIGNATURE Sheldine Holmes	FUNERAL DIRECTOR'S SIGNATURE M. Della - C. E. Mo.	ADDRESS K.C. Mo.
---	--	--	-------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Paul E. Pearson }
Rialto Bldg. } Mon. morn
Vi: 4751

~~Dr. Thiel~~
~~Jewett Bldg.~~
~~Armour & Trust~~

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.

Signed.....
Student Embalmer

Signed *Edwin C. Heck*

Licensed Embalmer No. *4063*

P. O. Address *K. E. 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 this body is not embalmed, fact should be so stated above.