

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 17 1949

State File No. **30601**
3634

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>18 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1210 East 40th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hosnital</u>			

3. NAME OF DECEASED (Type or Print) <u>AUBREY</u>	a. (First)	b. (Middle) <u>M</u>	c. (Last) <u>STURTEVANT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 19 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 1 1901</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>19</u>	IF UNDER 4 HRS. Hours <u>3</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cab Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Yellow Cab</u>		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>Robert Sturtevant</u>	13b. MOTHER'S MAIDEN NAME <u>Clara Long</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Julia Sturtevant</u>
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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>196-09-9182</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Julia Sturtevant</u>	ADDRESS <u>1210 East 40th</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart Dilatation</u> DUE TO (c) <u>Bronchiectasis & Bronchial Asthma</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Infection of Spleen & Left Kidney</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>241X</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12:15, 1949, to 1:00, 1949, that I last saw the deceased alive on 8/22/49, and that death occurred 1:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Russell W. Kerr</u>	(Degree or title)	23b. ADDRESS <u>St. Joseph Hospital</u>	23c. DATE SIGNED <u>Aug 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/22/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
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DATE REC'D BY LOCAL RES. <u>8-23-49</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. Robin</u>	ADDRESS <u>20 West Linwood</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed..... *Maudie Adams*

Licensed Embalmer No. *4016*

P. O. Address *20 W. Linwood*

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.