

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27211**
3731

FILED SEP 14 1951

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

1. PLACE OF DEATH a. COUNTY Jackson <u>0</u>		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) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 50 yrs		d. STREET ADDRESS (If rural, give location) 1015 West 59th Street <u>300</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital			

3. NAME OF DECEASED (Type or Print)		a. (First) ROBERT		b. (Middle) ENGLE		c. (Last) STERLING		4. DATE OF DEATH (Month) (Day) (Year) August 29, 1951					
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 7-17-1876		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Editor of Northwestern Miller				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Girard, Kansas				12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME J. P. Sterling			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Mrs. Anna Kirk Sterling, dec.					
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 486-03-9974		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. George R. Kasson, 1015 W. 59th St. KC Mo.							
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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) ① Congestive heart failure								4 1/2 hrs	
		ANTECEDENT CAUSES: (b) ② Exfoliative Dermatitis								2 wks	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.								7055F	
		DUE TO (c) -								11 days	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of hip									

19a. DATE OF OPERATION 8/20/51		19b. MAJOR FINDINGS OF OPERATION Fracture of hip								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.) Home				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) KC Mo Jackson co.					
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-18-51				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fall getting out of chair					
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22. I hereby certify that I attended the deceased from **8/18**, 19 **51**, to **8/29**, 19 **51**, that I last saw the deceased alive on **8/29**, 19 **51**, and that death occurred at **10:45** m., from the causes and on the date stated above.

23a. SIGNATURE Mark Dodge (Degree or title)				23b. ADDRESS Phelps Town Bldg				23c. DATE SIGNED 8/30/51			
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/31/51		24c. NAME OF CEMETERY OR CREMATORY Forest Hill		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri					
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DATE REC'D BY LOCAL REG. 8-31-51				REGISTRAR'S SIGNATURE Heraldine Holmes				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Mo.			
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Gerald A. Buzes*

Signed.....
Student Embalmer

Licensed Embalmer No..... *4763*

P. O. Address *Kansas City, 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.