

STANDARD CERTIFICATE OF DEATH

State File No. 186

FILED JAN 21 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 20

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

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Summersville</u> <u>1070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ellis Fischel State Cancer Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>Route #2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Washington</u> c. (Last) <u>Sterling</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-18-52</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED—NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>3/8/74</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Days <u>10</u> IF UNDER 1 HR. Hours <u>10</u> Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		12. CITIZEN OF WHAT COUNTRY? <u>TEXAS</u>			

13a. FATHER'S NAME <u>SAM Sterling</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Sterling</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Records - Ellis Fischel State Cancer Hosp</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS					

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prostatic carcinoma</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of prostate gland</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of prostate gland</u>			

19a. DATE OF OPERATION <u>1-14-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Bilateral orchiectomy</u>		20. AUTOPSY? YES <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4201 H</u>	

22. I hereby certify that I attended the deceased from 12-28-51, 1951, to 1-18-52, 1952, that I last saw the deceased alive on 1-18, 1952, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>V.E. Sammons, M.D.</u>		23b. ADDRESS <u>Ellis Fischel State Cancer Hospital, Columbia, Mo.</u>		23c. DATE SIGNED <u>1-19-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Jan 21 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Summersville</u>		24d. LOCATION (City, town, or county) (State) <u>Summersville, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Jan 19 1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Willie Thumel</u>		ADDRESS <u>Home, Columbia</u>	
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