No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11746

FILED MAR 21 1952

BIRTH NO. _____ REG. DIST. NO. 348 PRIMARY REG. DIST. NO. 6175 Registrar's No. 64

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

1. PLACE OF DEATH
a. COUNTY: SULLIVAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MILAN - RURAL LIBERTY TWP
c. LENGTH OF STAY (in this place): 83 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: SULLIVAN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MILAN (RURAL) LIBERTY
d. STREET ADDRESS (If rural, give location): 1050

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): HENRY
c. (Last): STERLING

4. DATE OF DEATH (Month) (Day) (Year): MAR 10 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: MAY 12, 1868
9. AGE (In years last birthday): 83 — 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): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): MO
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: HENRY STERLING
13b. MOTHER'S MAIDEN NAME: MARTHA COCHRAN
14. NAME OF HUSBAND OR WIFE: ELLA STERLING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: H G STERLING — ADDRESS: MILAN

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of right Lung Secondary — INTERVAL BETWEEN ONSET AND DEATH: 6 to 8 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Primary Ca of Colon
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Ca of Liver

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 153X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1951, *to* March, 1952, *that I last saw the deceased alive on* March 6, 1952, *and that death occurred at* 2:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. R. Martin M.D.
23b. ADDRESS: Browning Mo
23c. DATE SIGNED: 3-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAR 13, 52
24c. NAME OF CEMETERY OR CREMATORY: ASBURY ~~AUSBERY~~
24d. LOCATION (~~City, town~~, or county) (State): SULLIVAN MO

DATE REC'D BY LOCAL REG.: March 19
REGISTRAR'S SIGNATURE: Greta Caldwell 3/8/52
25. FUNERAL DIRECTOR'S SIGNATURE: Russell C Higgins — ADDRESS: Milan

(Licensed Embalmer's Statement on Reverse Side)

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 Russell C Briggs

Licensed Embalmer No. 3593

P. O. Address Milan, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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