

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27088**

BIRTH NO. _____ REG. DIST. NO. **11** PRIMARY REG. DIST. NO. **5048** Registrar's No. **88**

1. PLACE OF DEATH a. COUNTY Barry		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Mc Donald twp		c. LENGTH OF STAY (In this place)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Barry	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 1113 Harold Street					

3. NAME OF DECEASED (Type or Print) a. (First) Dorsey			b. (Middle) A.			c. (Last) Sturgis			4. DATE OF DEATH (Month) (Day) (Year) July 30, 1952		
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5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 10-12-1892		9. AGE (In years last birthday) 59		# UNDER 1 YEAR Months		# UNDER 24 HRS. Days		# UNDER 1 MIN. Hours		Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garage owner				10b. KIND OF BUSINESS OR INDUSTRY Sturgis Sales Co.				11. BIRTHPLACE (State or foreign country) Missouri				12. CITIZEN OF WHAT COUNTRY? USA			
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13a. FATHER'S NAME Robert H. Sturgis				13b. MOTHER'S MAIDEN NAME Mary E. Hudson				14. NAME OF HUSBAND OR WIFE Nola Sturgis			
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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) unknown				16. SOCIAL SECURITY NO. unknown				17. INFORMANT'S SIGNATURE OR NAME Mrs. Nola Sturgis-Cassville, Mo				ADDRESS			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thru shot wound in forehead entering brain										INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. E976X											

19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 5 miles east of Barry Mo				21c. (CITY TOWN OR TOWNSHIP) (COUNTY) (STATE) Barry Missouri Barry Mo.			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 30, 1952 12:00 pm				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				21f. HOW DID INJURY OCCUR? shot myself while sitting in left rear seat of rifle - left side striking slightly			
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22. I hereby certify that I attended the deceased from **July 30, 1952**, to **July 30, 1952**, and that death occurred at **12:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul D. Henbest				23b. ADDRESS Cassville, Mo				23c. DATE SIGNED 8-6-1952			
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-3-1952		24c. NAME OF CEMETERY OR CREMATORY Mineral Springs		24d. LOCATION (City, town, or county) (State) Mineral Springs, Mo.					
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DATE REC'D BY LOCAL REG. 8-11-1952		REGISTRAR'S SIGNATURE Grace Williams				25. FUNERAL DIRECTOR'S SIGNATURE Paul D. Henbest		ADDRESS Cassville 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Paul D. Henbest

Licensed Embalmer No. 4576

P. O. Address Cassville, 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.