THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29028

State File No. .....

FILED AUG 29 1952

BIRTH NO. ..... REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5971 Registrar's No. 101

1. PLACE OF DEATH
a. COUNTY Polk
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bolivar N.E. Marion
c. LENGTH OF STAY (In this place) 45 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bolivar N.E. Marion Twp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Polk
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bolivar N.E. Marion Twp 0840
d. STREET ADDRESS (If rural, give location) Bolivar N.E. Marion Twp

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Benjamin c. (Last) Sterling

4. DATE OF DEATH (Month) Aug (Day) 18 (Year) 1952

5. SEX M
6. COLOR OR RACE Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 2 1866
9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months 7 Days 16 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and State or Foreign Country) Spring Hill Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William C. Sterling
13b. MOTHER'S MAIDEN NAME Isabell Naue
14. NAME OF HUSBAND OR WIFE Susie Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Susie Sterling ADDRESS Bolivar Mo

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) Medullary Paralysis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Encephalomalacia @ cerebral hemorrhage
DUE TO (c) Arterio-sclerosis

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 332X
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 Aug. 17, 1952, to Aug. 18, 1952, that I last saw the deceased alive on Aug. 18, 1952, and that death occurred at 7:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. F. Lumbrey D.O.
23b. ADDRESS Bolivar Mo.
23c. DATE SIGNED 8-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-20-52
24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery
24d. LOCATION (City, town, or county) Bolivar (State) Mo

DATE REC'D BY LOCAL REG. 8-23-52
REGISTRAR'S SIGNATURE Ralph Gordon per Jewell Gordon 258-0
25. FUNERAL DIRECTOR'S SIGNATURE Cruin & Blue ADDRESS Bolivar Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Oby Jester

Licensed Embalmer No. 4154

P. O. Address Bolivar, 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.