

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**37789**

State File No. ....

**FILED DEC 8 1952**

BIRTH NO. _____		REG. DIST. NO. <b>42</b>	PRIMARY REG. DIST. NO. <b>1000</b>	Registrar's No. <b>1256</b>
<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).		
a. COUNTY <b>Buchanan</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		
c. LENGTH OF STAY (In this place) <b>4 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>716 N. 10th Street</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Lattis Nursing Home 716 N. 10th Street</b>				
<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>	
a. (First) <b>Thomas</b> b. (Middle) <b>Logan</b> c. (Last) <b>Sturgeon</b>			(Month) (Day) (Year) <b>November 29, 1952</b>	
<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <b>Widowed</b>
<b>8. DATE OF BIRTH</b> <b>Sept. 30, 1862</b>		<b>9. AGE</b> (In years last birthday) <b>90</b>		IF UNDER 1 YEAR Months Days IF UNDER 12 Hrs. Mins.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Ret. Farmer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Farming</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Trafalgar, Indiana</b>
<b>13a. FATHER'S NAME</b> <b>John Sturgeon</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Rebecca Conners</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Ella Gertrude Sturgeon</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. George Davis</b>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of prostate gland</b>		II. OTHER SIGNIFICANT CONDITIONS <b>chronic myo-Cysto-pyelitis &amp; carditis</b>		<b>1 1/2 yrs.</b>
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____		
DUE TO (c) _____		DUE TO (e) _____		
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>
<b>22. I hereby certify that I attended the deceased from 10-10-1952, to 10-24-1952, that I last saw the deceased alive on 10-24-52, 1952, and that death occurred at 7:00 Am., from the causes and on the date stated above.</b>				
<b>23a. SIGNATURE</b> <b>E. Youder</b> (Degree or title) <b>M.D.</b>		<b>23b. ADDRESS</b> <b>311 Physician &amp; Surgeons. St. Joseph, Mo.</b>		<b>23c. DATE SIGNED</b> <b>12-1-52</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>Dec. 1, 1952</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Memorial Park Cemetery</b>
<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Joseph, Missouri.</b>				

DATE REC'D BY LOCAL REG. **Dec. 4, 1952** REGISTRAR'S SIGNATURE **Carl C. Casper** FUNERAL DIRECTOR'S SIGNATURE **446 Millerhoffer & Callahan General Home, Inc. St. Joseph, Mo.** ADDRESS \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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

1117  
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0117

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177X

JAN 8  
1953

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 *Raymond W. Morehead*

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri

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.