

No. 300
10.48

FILED AUG 4 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22096

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4047 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Sturgeon)	c. LENGTH OF STAY (in this place) township) 12 yrs	c. CITY OR TOWN Sturgeon	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Spene Nursing Home, Sturgeon		e. STREET ADDRESS (If rural, give location) Mo. 0100	

3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) Kimbrough c. (Last) Schooling			4. DATE OF DEATH (Month) (Day) (Year) July 30 1954		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-21-1877	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 4 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Randolph Co., Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Will Kimbrough	13b. MOTHER'S MAIDEN NAME Laura Frances Conley	14. NAME OF HUSBAND OR WIFE William Robert Schooling
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth Barnstable, Sturgeon, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 min 10 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 1, 1954, to July 30, 1954, that I last saw the deceased alive on July 30, 1954, and that death occurred at 3:15 P.M. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Henry J. Stewart D.O.	23b. ADDRESS Sturgeon, Mo.	23c. DATE SIGNED 7-30-54
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE Aug. 1, 1954	24c. NAME OF CEMETERY OR CREMATORY Mt. Horeb Cemetery	24d. LOCATION (City, town, or county) (State) Sturgeon, Boone Co. Mo.
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DATE REC'D BY LOCAL REG. July 31-1954	REGISTRAR'S SIGNATURE Maud Mc Bride	25. FUNERAL DIRECTOR'S SIGNATURE Dell C. Meador	ADDRESS Sturgeon, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 5 1957

MAR 18 1957

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.....
Signature of Student Embalmer

Signed *Bill J. Mendor*.....

Licensed Embalmer No. *4826*

P. O. Address *Sturgeon, Minn*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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