

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27741

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3584

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>17 years 5 1/2</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>	
e. STREET ADDRESS (If rural, give location) <u>3234 Wabash</u>		3548	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u> b. (Middle) <u>C.</u> c. (Last) <u>Sturgis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 21 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>September 14 1894</u>		9. AGE (If years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Little Tree, Maryland</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. MOTHER'S MAIDEN NAME <u>Emma Rodney</u>	
14. NAME OF HUSBAND OR WIFE <u>LeRoy P. Sturgis</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>LeRoy P. Sturgis</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. INTERVAL BETWEEN ONSET AND DEATH	

13a. FATHER'S NAME <u>William T. Hudson</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Rodney</u>		14. NAME OF HUSBAND OR WIFE <u>LeRoy P. Sturgis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LeRoy P. Sturgis</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. INTERVAL BETWEEN ONSET AND DEATH		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Muscular Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>about 4 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) <u>Coronary Thrombosis</u>	
		DUE TO (c) <u>T hraylo embolism of left popliteal artery</u>		DUE TO (a) <u>4 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 16, 1947, to 21 July, 1954, that I last saw the deceased alive on 2 July, 1954, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

24. SIGNATURE <u>B. A. Lieberman Jr.</u> (Degree or title) <u>MD MD</u>		23b. ADDRESS <u>1103 Grand Ave</u>		23c. DATE SIGNED <u>22 July 54</u>	
24a. BURIAL: CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 24 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Int. Memorial Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		DATE REC'D BY LOCAL REG. <u>7-22-54</u>		REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur Funeral Home</u>		ADDRESS <u>2315 Pinewood</u>			

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

12 - 3.30

Prof
No 2212

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 *Chas E. Wilks*

Licensed Embalmer No. *2644*

P. O. Address *11 E 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.