

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22999**

FILED JUL 27 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **5824** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <del>Scott</del> <b>NEW MADRID</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> <b>Mississippi</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL - UNKNOWN</b>		c. CITY OR TOWN _____	
c. LENGTH OF STAY (in this place) <b>6 weeks</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8 miles West East Prairie, Mo.</b>		STREET ADDRESS (If rural, give location) <b>7 miles South East Prairie</b>	

3. NAME OF DECEASED (Type or Print) <b>LEONA</b>	a. (First) _____	b. (Middle) <b>STERLING</b>	c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <b>July 16, 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 3, 1874</b>	9. AGE (in years) IF UNDER 1 YEAR Last birthday Months Days Hours Min. <b>81</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Camden, Tenn.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Smith</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Dillon</b>	14. NAME OF HUSBAND OR LIFE <b>Thomas Matthew Sterling</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Thomas Matthew Sterling - East Prairie, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Coronary Thrombosis</b>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Instantly</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atherosclerosis</b>		
	DUE TO (c) <b>H 201</b>		
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 _____	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **4:15 P.M.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <b>Travis Shelby - Coroner 3</b>	23a. ADDRESS <b>East Prairie, Mo.</b>	23c. DATE SIGNED <b>7-18-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-17-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>W.O.W.</b>	24d. LOCATION (City, town, or county) (State) <b>East Prairie, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7-22-1955</b>	REGISTRAR'S SIGNATURE <b>Jay Hedgcock</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Travis Shelby - East Prairie, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

720

86 70

DATE RECEIVED JUL 25 1955  
NEW MADRID CO. HEALTH CENTER  
P. J. S.

**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 Frank Shelby  
Licensed Embalmer No. 27  
P. O. Address East Prairie

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.