No. 300
0-48

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

FILED OCT 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29214

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 87

1. PLACE OF DEATH
a. COUNTY: Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carrollton
c. LENGTH OF STAY (in this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Staton Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Carroll
c. CITY OR TOWN: Norborne RFD
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 2 miles S/W Roads. 0170 0

3. NAME OF DECEASED (Type or Print): a. (First) Helen b. (Middle) Lorine c. (Last) Sturgeon
4. DATE OF DEATH (Month) (Day) (Year): Sept. 30, 1955
5. SEX: F
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 2, 1923
9. AGE (In years last birthday): 31 — IF UNDER 1 YEAR: Months 11 Days 28 — IF UNDER 24 HRS.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Sumner, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Lee Harold Spencer,
13b. MOTHER'S MAIDEN NAME: Grace Mae Thompson
14. NAME OF HUSBAND OR WIFE: Thomes R. Sturgeon
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.:
17. INFORMANT'S SIGNATURE OR NAME: Raymond Lee Spencer, ADDRESS: St Joseph, 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) Car Wreck bruised on left, only, screen, Cerumin stom. — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) ____ 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:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Not Carmel Corner
21c. (CITY, TOWN, OR TOWNSHIP): Fairfield Twp (COUNTY): Carroll (STATE): Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 30-1955 6 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Car Accident

22. *I hereby certify that I attended the deceased from* 9-30 *, 195*5 *to* 9-30 *, 195*5 *that I last saw the deceased alive on* 9/30 *, 195*5 *, and that death occurred at* 6:00 P.m. *, from the causes and on the date stated above.*

23a. SIGNATURE: K. Hamilton Staton, M.D. (Degree or title)
23b. ADDRESS: Carrollton, Mo
23c. DATE SIGNED: Oct. 2/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 4, 1955
24c. NAME OF CEMETERY OR CREMATORY: Lake Side
24d. LOCATION (City, town, or county) (State): Sumner, Missouri

DATE REC'D BY LOCAL REG.: 11/4/55
REGISTRAR'S SIGNATURE: Mrs Herbert Calvert
25. FUNERAL DIRECTOR'S SIGNATURE: Clifford W. Austin, ADDRESS: Tina, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student..... Signed.....

Signature of Student Embalmer

Licensed Embalmer No....323

P. O. Address....Tina, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.