

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006268  
STATE FILE NUMBER

FILED MAR 12 1958

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. 39

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lebanon</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Lebanon</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wallace Hosp.</u>		Length of stay in lb <u>1 hr.</u>	d. STREET ADDRESS (If outside, give location) <u>225 N. Adams</u>
3. NAME OF DECEASED (Type or print) First <u>Rex</u> Middle <u>Able</u> Last <u>Sturdavant</u>			4. DATE OF DEATH Month <u>March</u> Day <u>1</u> Year <u>1958</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 28, 1889</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	9. AGE (In years last birthday) <u>69</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS. <u>0</u>
11. BIRTHPLACE (City and state or country) <u>Phillipsburg Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John Sturdavant</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Benton Tracy</u>	
14. NAME OF HUSBAND OR WIFE <u>Tracy</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War I</u>	
16. SOCIAL SECURITY NO. <u>500-40-8912</u>		17. INFORMANT <u>Tracy Sturdavant Lebanon Mo</u> Address <u>4201</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Thrombosis.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary Sclerosis.</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH <u>8 HOURS</u> <u>3 years</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>None</u>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>4201</u>			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>4201</u>	
20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Lebanon, Mo</u>			
21. I attended the deceased from <u>1/23/55</u> to <u>3/1/58</u> and last saw her/him alive on <u>3/1/58</u> Death occurred at <u>5:30 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <u>20993 Z. Fisher M.D</u>		22b. ADDRESS <u>Lebanon, Mo</u>	
22c. DATE SIGNED <u>3/3/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3/4/58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Lonesome Hill near Phillipsburg Mo.</u>		23d. LOCATION (City, town, or county) (State) <u>Phillipsburg Mo.</u>	
24. FUNERAL DIRECTOR <u>Holman Lebanon Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3-4-1958</u>	
26. REGISTRAR'S SIGNATURE <u>Hella L. Day</u>			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAR 12 1958

MAR 27 1958

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 *Dorsey M. Howe* .....

Licensed Embalmer No. *4222* .....

P. O. Address *Lebanon, N.H.* .....

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.