

FILED JAN 2 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3046 42214
STATE FILE NUMBER

Registration District No. 3046 Primary Registration District No. 224 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <i>Moniteau</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Moniteau</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>California</i> <i>Walton</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>California</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Latham Hosp.</i>		Length of stay in lb	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>DAVID</i> Middle <i>ALGER</i> Last <i>STERLING</i>			4. DATE OF DEATH Month <i>Nov.</i> Day <i>29</i> Year <i>1956</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>June 7 - 1898</i>		9. AGE (In years last birthday) <i>68</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Russellville Mo</i>	
13. FATHER'S NAME <i>Ulysses Grant Sterling</i>			14. MOTHER'S MAIDEN NAME <i>Rose Lising</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>487-22-9711</i>		17. INFORMANT <i>Ray Sterling</i> Address <i>California, Mo.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i>					INTERVAL BETWEEN ONSET AND DEATH <i>6 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____ DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____					
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.)		20f. CITY, TOWN, OR LOCATION <i>California Moniteau Mo.</i>	
21. I attended the deceased from <i>November 23, 1956</i> to <i>Nov. 29, 1956</i> and last saw her alive on <i>Nov. 29, 1956</i> Death occurred at <i>1:25 pm</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>R. B. Fulmer</i> (Degree or title)			22b. ADDRESS <i>California, Mo.</i>		22c. DATE SIGNED <i>11-30-56</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Dec 1 - 1956</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Latham Cemetery</i>	
24. FUNERAL DIRECTOR <i>Hugh E. Williams</i>		ADDRESS <i>California Mo.</i>		25. DATE REGD. BY LOCAL REG. <i>Dec 1 - 56</i>	
				26. REGISTRAR'S SIGNATURE <i>H. L. Pope</i>	

(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 embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Hugh E. Williams*

Licensed Embalmer No. *35*

P. O. Address *California*

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