

43533

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10.48

FILED DEC 28 1949

BIRTH NO. _____		REG. DIST. NO. <u>363</u>		PRIMARY REG. DIST. NO. <u>6736</u>		Registrar's No. <u>28</u>		
1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Charrette)</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Charrette township)</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D., Warrenton, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>south of Warrenton</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fritz</u> b. (Middle) _____ c. (Last) <u>Sprick</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 17, 1949</u>					
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Aug. 15, 1873</u>		9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (State or foreign country) <u>Warren County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Ferdinand Sprick</u>		13b. MOTHER'S MAIDEN NAME <u>Johanna Ritter</u>		14. NAME OF HUSBAND OR WIFE <u>----</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gus Sprick, R.F.D., New Franklin, Mo.</u>				
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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio insufficiency</u>				DUE TO (b) <u>Arteriosclerosis</u>				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Widow of Cornelia Jung</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Natural cause due to</u>				4211
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>a heart ailment</u>				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) <u>Warrenton Warren Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>about 4 P. M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. F. H. King (Coroner)</u>				23b. ADDRESS <u>Warrenton</u>		23c. DATE SIGNED <u>Dec. 21-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-22-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lippstadt Evang. Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Warren County, MO.</u>			
DATE REC'D BY LOCAL REG. <u>Dec 21/49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>334</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F.W. NIEBURG & CO., WARRENTON, MO.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

District File Number

District Office No. 9,

RECEIVED
DEC 27 1919

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
Student Embalmer

Signed John J. Hueburg
Licensed Embalmer No. 3897

P. O. Address Warrenton, 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 this body is not embalmed, fact should be so stated above.