

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43953
4545 State File No. 43953

FILED JAN 22 1951

| | | | | | | | |
|---|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>373</u> | | PRIMARY REG. DIST. NO. <u>6269</u> | | Registrar's No. <u>2</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Webster</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshfield Ozark</u> | | c. LENGTH OF STAY (in this place) <u>9 years</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshfield</u> | | d. STREET ADDRESS (If rural, give location) <u>Unknown</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u> | | | | 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) _____ c. (Last) <u>Sperandio</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>March 15, 1863</u> | |
| 9. AGE (In years last birthday) <u>87</u> | | 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>None</u> | | 11. BIRTHPLACE (State or foreign country) <u>Austria</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Dominica Martin-Decease</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Peo Fellin-Marshfield, Mo.</u> ADDRESS _____ | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis, Generalized</u> Many Years DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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"/> | | | |
| 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) _____ | | | |
| 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? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>January, 1947</u> , to <u>November 29, 1950</u> , that I last saw the deceased alive on <u>Nov. 24, 1950</u> , and that death occurred at <u>10:25 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>C.P. Macdonnell, M.D.</u> | | 23b. ADDRESS <u>Marshfield, Mo.</u> | | 23c. DATE SIGNED <u>Nov. 30, 1950</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>Dec. 1, 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Verona Cemetery</u> | | | |
| 24d. LOCATION (City, town, or county) (State) <u>Verona, Mo.</u> | | DATE REC'D BY LOCAL REG. <u>1-13-51</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> 392 | | | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur Bruce</u> | | ADDRESS <u>Marshfield, Mo.</u> | | | | | |

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

~~DIVISION OF HEALTH OF MO.~~

~~District No. 5 - Springfield~~

~~RECEIVED JAN 15 1951~~

~~Title _____~~

~~Date Filed _____~~

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JAN 15 1951

Dist. File 157-113

Date Filed 1-15-51

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 Arthur Bruce

Licensed Embalmer No. 4723

P. O. Address Marshfield, 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.