

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32885

State File No.

NOV 15 1951

BIRTH NO. REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5218 Registrar's No. 135

0190

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

1. PLACE OF DEATH a. COUNTY <u>Cass</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bigcreek</u>		c. LENGTH OF STAY (in this place) <u>4 mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- Bigcreek</u> <u>0190</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5mi. South of Lee's Summit</u>			d. STREET ADDRESS (If rural, give location) <u>5 Mi. South Lee's Summit, Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nelson</u> b. (Middle) <u>C.</u> c. (Last) <u>Sperry</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 2 1951</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>May 25, 1951</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>5</u> Days IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Lancaster, California</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Yes U.S.</u>					

13a. FATHER'S NAME <u>Roy M. Sperry</u>		13b. MOTHER'S MAIDEN NAME <u>Margart Farley</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Roy M. Sperry RR.1 Greenwood, Mo.</u>	
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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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Epidemic Gastroenteritis</u>		
	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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>5710</u>
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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?
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22. I hereby certify that I attended the deceased from 11-1-1957, to 11-2-1957, that I last saw the deceased alive on 11-2-1957, and that death occurred at 7:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. G.R. Jenkins</u>	23b. ADDRESS <u>Lee's Summit Mo</u>	23c. DATE SIGNED <u>11-24-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 4, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Greenwood, Missouri</u>
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DATE REC'D BY LOCAL REG <u>Nov 4, 1951</u>	REGISTRAR'S SIGNATURE <u>Coras Barlow</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>N.B. Langstaff Lee's Summit, Mo.</u>
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RECEIVED
NOV 10 1951
CLATSOP COUNTY
HEALTH DEPARTMENT

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 _____

working under my personal supervision.

Student Embalmer No.

Signed B. J. Lindley

Signed.....
Student Embalmer

Licensed Embalmer No. 4822

P. O. Address Leek Summit, 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.