

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>4462</u>		Registrar's No. <u>360</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Elvins, Mo.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Doniphan, Mo.</u>		<u>0910</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>Brooks</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Molly Mary</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Sperry</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 7-1957</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 21-1966</u>	
9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Battou Rouge Louisiana</u>	
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)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Louis Terpietz</u>		13b. MOTHER'S MAIDEN NAME <u>Madaline Graham</u>		14. NAME OF HUSBAND OR WIFE <u>Mr. Fred B Sperry</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME (Print name if known) ADDRESS <u>Ms. Eva R. Sperry - 108 Brooks St Doniphan, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC Myocarditis and myocardial degeneration</u>				INTERVAL BETWEEN ONSET AND DEATH <u>About 5 yrs.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>4222</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to 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>9-10</u> , 19 <u>51</u> , to <u>Nov. 7</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Nov. 6</u> , 19 <u>51</u> , and that death occurred at <u>3:30 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W.D. Morris</u>		(Degree or title) <u>DO</u>		23b. ADDRESS <u>Elvins Mo.</u>		23c. DATE SIGNED <u>11-7-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>November 9-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Doniphan Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Doniphan Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 10, 1957</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Robert E. Rudloff 308 @ Elvins, Mo.</u>			

THE NO. ...
DISTRICT HEALTH OFFICE NO. 4

NOV 15 1951

RECEIVED

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 *Alvin W. Hood*

Licensed Embalmer No. *2780*

P. O. Address *303 Crane St. Joliet Ill*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.